Data on the Medicaid Program

Eligibility/Services/Expenditures 1979 Edition (Revised)

THE HEALTH CARE FINANCING ADMINISTRATION

THE HEALTH CARE FINANCING ADMINISTRATION is the agency of U.S. Department of Health, Education, and Welfare that administers Medicare, Medicaid and other programs related to financing timely and appropriate delivery of health care services. The mission of this agency is to promote the timely, cost effective delivery of appropriate quality health care services to Agency beneficiaries; to make beneficiaries aware of the services for which they are eligible; to make those services accessible; and to ensure that Agency policies and actions promote efficiency and quality within the total health care delivery system.

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DATA ON THE MEDICAID PROGRAM: ELIGIBILITY, SERVICES, EXPENDITURES

1979 EDITION
(Revised)

Medicaid/Medicare Management Institute

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Health Care Financing Administration
Baltimore, MD 21235
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FOREWORD

In the two years since its inception, the Health Care Financing Administration (HCFA) has become a focal point for government financing of health care services, expending over $45 billion to provide those services to over 46 million aged, disabled, and poor Americans. Through the Medicaid and Medicare programs, HCFA annually funds almost one-quarter of this Nation's health care expenditures.

This publication is a compilation of data and information on the Medicaid program. Medicaid is jointly funded by the Federal, State and local governments to provide medical assistance to low-income individuals and families. This guide to the Medicaid program is published annually to provide the public with statistics on the Medicaid program as well as general information on Medicaid coverage, services, and reimbursement policies in the various States.

I hope you will find this Medicaid data book a valuable resource which can be used to help improve the coverage and delivery of services to our low-income citizens.

Additional copies of this publication can be obtained from:

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DATA ON THE MEDICAID PROGRAM: ELIGIBILITY, SERVICES, EXPENDITURES—

Introduction

Title XIX of the Social Security Act provides for a program of medical assistance for certain low-income individuals and families. The program, known as Medicaid, became Federal law in 1965. It succeeded earlier welfare-linked medical care programs, most notably the Kerr-Mills program of medical assistance for the aged. Medicaid will account for some $19 billion in Federal and State expenditures in FY 1979, and is the primary source of health care coverage for the poor in America.

Medicaid is financed jointly with State and Federal funds, with the current Federal contribution to the cost of the program ranging from 50 percent to 77.55 percent. It is basically administered by each State within certain broad Federal requirements and guidelines.

Medicaid is designed to provide medical assistance to those groups or categories of people who are eligible to receive cash payments under one of the existing welfare programs established under the Social Security Act; that is, Title IV-A, the program of Aid to Families with Dependent Children (AFDC), or Title XVI, the Supplemental Security Income (SSI) program for the aged, blind and disabled. In general, receipt of a welfare payment under one of these programs means automatic eligibility for Medicaid (although since 1974, when the welfare programs for the aged, blind and disabled were Federalized as the SSI program, States may exclude some of these SSI cash assistance recipients from automatic Medicaid eligibility if they are eligible only because the standards for the Federal program are more liberal than those previously utilized by the State.)

In addition, States may provide Medicaid to the "medically needy," that is, to people who fit into one of the categories of people covered by the cash welfare programs (aged, blind, or disabled individuals, or members of families with dependent children when one parent is absent, incapacitated or unemployed), who have enough income to pay for their basic living expenses (and so are not recipients of welfare) but not enough to pay for their medical care.

It is important to note that Medicaid does not provide medical assistance to all of the poor. Low income is only one test of eligibility. Resources are also tested. And most importantly one must belong to one of the groups designated for welfare eligibility to be covered.

Title XIX of the Social Security Act requires that certain basic services must be offered in any State Medicaid program: inpatient hospital services, outpatient hospital services, laboratory and X-ray

services, skilled nursing facility services for individuals 21 and older, home health care services for individuals eligible for skilled nursing services, physicians' services, family planning services, rural health clinic services, and early and periodic screening, diagnosis and treatment services for individuals under 21. In addition, States may provide a number of other services if they elect to do so, including drugs, eyeglasses, private duty nursing, intermediate care facility services, inpatient psychiatric care for the aged and persons under 21, physical therapy, dental care, etc.

States determine the scope of services offered (they may limit the days of hospital care or number of physicians' visits covered, for example.) They also, in general, determine the reimbursement rate for services, except for hospital care, where States are required to follow the Medicare reasonable cost payment system unless they have approval from the Secretary of Health, Education, and Welfare to use an alternate payment system for hospital care. Since July 1, 1976, they have been required to reimburse for skilled nursing facility and intermediate care facility services on a reasonable cost-related basis.

Since States generally determine the eligibility level for the welfare programs (they set the AFDC level, and determine the amount of supplement, if any, to the basic Federal SSI payment), they exercise a great deal of control over the income eligibility levels for Medicaid. If they cover the medically needy, they may establish the income level for eligibility at any point between the cash assistance eligibility level for an AFDC family (adjusted for family size) and 133⅓ percent of the payment to such an AFDC family. All of these variations—in benefits offered, in groups covered, in income standards, and in levels of reimbursement for providers—mean that Medicaid programs differ greatly from State to State.

Medicaid operates as a vendor payment program. Payments are made directly to the provider of service for care rendered to an eligible individual. Providers must accept the Medicaid reimbursement level as payment in full. Individuals, however, are required to turn over their excess income to help pay for their care if they are in a nursing home. Copayments may also be required.

Many members of the Medicaid population are aged or disabled and are also covered under Medicare. In cases where this dual coverage exists, most State Medicaid programs pay for the Medicare premiums, deductibles and copayments, and for services not covered by Medicare.

States participate in the Medicaid program at their option. All States except Arizona currently have Medicaid programs. The District of Columbia, Puerto Rico, Guam and the Virgin Islands also provide Medicaid coverage.

NOTE

Expenditure totals vary among the tables in the report because data on the Medicaid program are collected on three basic types of reports. See Technical Notes 1, 2, 3, 4, and 5 in the Appendix for an explanation of the three reports and how they are used in this publication.

Recipient trends may appear to be somewhat down in recent years. However, the downward movement in national recipient totals may be due more to improvements in the reporting systems of several States, to the use of preliminary figures for recipient totals for 1977 and 1978, and to the use of estimates of recipients in several States. See Technical Notes 3, 4, 5, 6, and 7 in the Appendix for further clarification on sources of recipient counts and recipient trends.

I. General Information on Medicaid Coverage and Services

The first section of this report (Tables 1-8) examines the services covered under the State Medicaid programs, including the required services, optional services, and limitations in the scope of coverage; cost-sharing requirements; recent changes in State Medicaid programs; methods of reimbursement for selected Medicaid services; and the persons covered under Medicaid.

A. MEDICAID SERVICES STATE-BY-STATE

Certain services must be covered under a State's Medicaid program, although the scope of coverage may be limited as noted below. These basic required services are:

Inpatient hospital care;
Outpatient hospital care and rural health clinic services;
Other laboratory and X-ray services;
Skilled nursing facility services and home health services for individuals 21 years of age and over;
Early and periodic screening, diagnosis, and treatment (EPSDT) for individuals under 21 years of age;
Family planning services; and
Physician services.

States may include additional services as well. Table 1 lists a number of the optional services which can be covered under State Medicaid programs, and shows which States cover them. In addition, States can, with the approval of the Secretary, cover any other medical service recognized under State law.

B. LIMITATIONS ON SELECTED SERVICES

States can impose limitations on their coverage of both mandatory and optional services, such as limitations on the number of days of care for inpatient services, and limitations on the number of outpatient visits. In addition, States can require prior authorization for certain services. Table 2 details limitations for four major services: inpatient hospital services, skilled nursing facility services, intermediate care facility services, and physician services.

C. MEDICARE-MEDICAID RELATIONSHIPS

Many persons are covered under both the Medicare and Medicaid programs. Medicare covers both inpatient hospital and supplementary medical services. However, while coverage of inpatient hospital services (Part A of Medicare) is automatic for persons over 65 and certain

disabled persons who have insured status under the Social Security system, coverage for the supplementary medical insurance program (Part B of Medicare) requires payment of a monthly premium. Many States make this payment for their Medicaid eligibles who are also eligible for Medicare. These "buy-in" agreements between State Medicaid programs and the Social Security Administration allow Medicare coverage for those Medicaid-Medicare eligibles who might not be able to afford to pay the Part B premium on their own. When persons are eligible under both programs, Medicare makes the primary payment for the service, and the State Medicaid expenditure is limited to the deductible and co-payment amounts.

While States may buy-in to Medicare for both their cash assistance recipients and medically needy persons who are eligible for Medicare, they receive Federal matching payments on the amounts paid for Medicare premiums only for their cash assistance recipients: they must pay the full cost of the premium payments for the medically needy. If a State does not buy-in to Part B coverage for persons in their Medicaid program who are eligible under Medicare, it cannot receive Federal matching payments for expenditures for services that would have been covered under Medicare if there had been a buy-in arrangement.

Forty-eight States and jurisdictions have buy-in agreements with the Social Security Administration; 5 States and jurisdictions do not (Table 3.) Based on statistically reported data for FY 1975, there were 3.7 million aged Medicaid recipients. Approximately 50 percent of the total Medicaid aged population had payments made in their behalf for deductibles and coinsurance under buy-in agreements.

Besides paying premiums, deductibles and copayments for many persons who are eligible for Medicare, State Medicaid programs also provide many services for the elderly and disabled that are not provided by Medicare (for example, skilled nursing care beyond the 100-day posthospital benefit provided by Medicare, prescription drugs, eyeglasses, hearing aids, etc.). Expenditures for the elderly under Medicaid basically supplement Medicare coverage.

TABLE 1

MEDICAID SERVICES STATE BY STATE,

DECEMBER 1, 1977 1/

* BASIC REQUIRED MEDICAID SERVICES Every Medicaid program must cover at least these services for at least everyone receiving federally supported financial assistance: inpatient hospital care, outpatient hospital services, other laboratory and X-ray services, skilled nursing facility services and home health services for individuals 21 and older, early and periodic screening, diagnosis, and treatment for individuals under 21, family planning, and physician services. Federal financial participation is also available to States electing to expand their Medicaid programs by covering additional services and/or by including people eligible for medical but not for financial assistance. For the latter group States may offer the services required for financial assistance recipients or may substitute a combination of seven services.

Services provided only under the Medicare buy-in or the screening and treatment program for individuals under 21 are not shown on this chart

Definitions and limitations on eligibility and services vary from State to State. Details are available from local welfare offices and State Medicaid agencies.

● offered for people receiving federally supported financial assistance

+ offered also for people in public assistance 2/ and SSI 3/ categories who are financially eligible for medical but not for financial assistance

FMAP 4/	BASIC* REQUIRED MEDICAID SERVICES SEE ABOVE		Additional services for which Federal financial participation is available to States under Medicaid: Clinic services	Prescribed drugs	Dental services	Prosthetic devices	Eyeglasses	Private duty nursing	Physical therapy and related services	Other diagnostic, screening, preventive and rehabilitative services	Emergency hospital services	Skilled nursing facility services for patients under 21	Optometrists' services	Podiatrists' services	Chiropractors' services	Care for patients 65 or older in institutions for mental diseases	Care for patients 65 or older in institutions for tuberculosis	Care for patients under 21 in psychiatric hospitals	Institutional services in intermediate care facilities	
73	●	Alabama		●		●	●				●	●	●				●	●	● 5/	AL
50	●	Alaska	●				●				●	●	●			●		●	● 5/	AK
61		Arizona																		AZ
72	+	Arkansas	+	+	+	+	+				+	●	+		+	+	+	+	● 5/	AR
50	+	California	+	+	+	+	+		+	+	+	+	+	+	+	+	+	+	+ 5/	CA
54	●	Colorado		●		●			●		●	●		●		●		●	● 5/	CO
50	+	Connecticut	+	+	+	+	+	+	+	+		+	+	+	+	●		+	+ 5/	CT
50	●	Delaware	●	●					●					●		●		●	● 5/	DE
50	+	D.C.	+	+		+	+		+	+	+	+	+	+		+	+	+	+ 5/	DC
57	●	Florida		●							●					●	●	●	● 5/	FL
66	●	Georgia	●	●		●						●		●		●	●		● 5/	GA
50	+	Guam	+	+	+	+	+		+		+	+	+							GU
50	+	Hawaii	+	+	+	+	+		+	+	+	+	+						+	HI
64	●	Idaho	●	●							●	●	●	●	●				● 5/	ID
50	+	Illinois	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ 5/	IL
58	●	Indiana	●	●	●	●	●	●	●	●	●	●	●	●	●	●		●	● 5/	IN
52	●	Iowa		●	●	●	●		●	●	●	●	●	●	●				● 5/	IA
52	+	Kansas	+	+	+	+	+	+	+		+	+	+	+	+	+	+	+	+ 5/	KS
70	+	Kentucky	+	+	+	+			+		+	+			+	+	+	+	+ 5/	KY
70	+	Louisiana	+	+		+					+	●		+	●	●	●	●	● 5/	LA
70	+	Maine	●	+		+			+	+	●	+		+	+	+		+	● 5/	ME
50	+	Maryland	+	+		+	+				+		+	+		+	+		● 5/	MD
52	+	Massachusetts	+	+	+	+	+	+	+	+	+	+	+	+		+	+		+ 5/	MA
50	+	Michigan	+	+	+	+	+		+		+	+	+	+	+	+		+	+ 5/	MI
55	+	Minnesota	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ 5/	MN
78	●	Mississippi		●	●							●				●	●		● 5/	MS
61	●	Missouri		●	●						●		●			●	●		● 5/	MO
61	+	Montana	+	+	+	+	+	+	+	+	+	+	+	+		+		+	+ 5/	MT
53	+	Nebraska	+	+	+	+	+	+	+		+	+	+	+	+	+	+		+ 5/	NB
50	●	Nevada	●	●	●	●	●	●	●		●	●	●	●	●				●	NV
63	+	New Hampshire	+	+		+	+	+	+	+	+	+	+	+	+	+			● 5/	NH
50	●	New Jersey	●	●	●	●	●		●	●	●	●	●	●	●	●	●	●	● 5/	NJ
72	●	New Mexico	●	●	●	●	●	●	●		●	●	●	●					● 5/	NM
50	+	New York	+	+	+	+	+		+	+	+	+	+			+	+	+	+ 5/	NY
68	+	North Carolina	+	+			+			+		+	+	+	+	+	+	+	+ 5/	NC
51	+	North Dakota		+	+	+	+	+	+	+	+	+	+	+	+	+		+	+	ND
55	●	Ohio	●	●	●	●	●	●	●		●	●	●	●	●	●		●	● 5/	OH
65	+	Oklahoma		+	+	+								+		+		+	+ 5/	OK
57	●	Oregon	●	●	●	●	●	●		●	●	●	●	●	●	●		●	● 5/	OR
55	+	Pennsylvania	+	●	●	●					+	+	+	●	+	+		+	+ 5/	PA
50	+	Puerto Rico	+	+	+				+	+	+						+			PR
57	+	Rhode Island		+	+	+	+					+	+	+		+			● 5/	RI
72	●	South Carolina	●	●	●	●					●	●			●	●	●	●	● 5/	SC
64	●	South Dakota	●	●	●	●			●		●	●			●				● 5/	SD
69	+	Tennessee	+	+		+					+					+	+	+	+ 5/	TN
61	●	Texas		●		●	●				●		●	●	●		●		● 5/	TX
69	+	Utah	+	+	+	+	+	+	+		+	+	+	+	+	+		+	+ 5/	UT
68	+	Vermont	+	+		+					+	+		+		+		+	+ 5/	VT
50	+	Virgin Islands	+	+	+	+	+													VI
57	+	Virginia	+	+			+		+		+	+	+	+		+	+		+ 5/	VA
52	+	Washington	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ 5/	WA
70	+	West Virginia	+	+		+	+	+	+			+	+	+	+	+			+	WV
59	+	Wisconsin	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+ 5/	WI
53	●	Wyoming										●	●						●	WY
● 20		●	13	19	12	14	10	5	9	4	17	18	13	13	10	13	9	11	26	
+ 33		+	29	32	22	29	25	13	23	16	26	26	25	23	18	28	18	21	24	
53		Total	42	51	34	43	35	18	32	20	43	44	38	36	28	41	27	32	50	

Intermediate Care Facilities (ICF): P. L. 92-223 transferred the ICF program to Medicaid (Title XIX) as an optional service, effective 1-1-72. States may at their option include institutions for the mentally retarded, both public and private. See footnote five.

1/ Data from Regional Office reports of characteristics to State programs and State plan amendments.
2/ People qualifying as members of families with dependent children (usually families with at least one parent absent or incapacitated).
3/ People qualifying as aged, blind, or disabled under the Supplemental Security Income program.
4/ FMAP - Federal Medicaid Assistance Percentage: Rate of Federal financial participation in a State's medical vendor payment expenditures on behalf of individuals and families eligible under Title XIX of the Social Security Act. Percentages, effective from October 1, 1977, through September 30, 1979, are rounded.
5/ Including ICF services in institutions for the mentally retarded.

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE — Health Care Financing Administration — Medicaid Bureau
Division of State Management
(HCFA) 77-801*

TABLE 2.—LIMITATIONS ON SELECTED SERVICES OFFERED UNDER TITLE XIX, JANUARY, 1979

State	Inpatient Hospital Services	Skilled Nursing Facility Services	Intermediate Care Facility Services	Physicians' Services
Alabama	20 days per calendar year	Preauthorization required	Preauthorization required	1 visit per month elsewhere for chronic stable illness; 1 visit per day in hospital.
Alaska	Nonemergency out-of-State hospitalization requires preauthorization.	Preauthorization required	Preauthorization required	Elective (cosmetic) surgery requires preauthorization.
Arkansas	Limited to 26 days per calendar year with provision for extension based on medical necessity and with prior authorization.	Prior authorization required	No limitations	18 visits per calendar year in physician's office, patient's home or nursing home. For hospital emergency room visits, 12 per calendar year.
California	Subject to prior authorization and specified length of stay as approved.	Subject to preadmission authorization and periodic reauthorization.	Subject to preadmission authorization and periodic reauthorization.	Subject to prior authorization for more than eight psychiatric visits or eight allergy hyposensitization visits in a 120-day period. Services for cosmetic purpose not covered. Prior authorization required for sterilization services.
Colorado	Services provided as long as is medically necessary. Emergency hospital services provided when necessary to prevent death or serious impairment of health, even though hospital may not meet conditions for participation under Title XVIII.	No limitations	No limitations	No limitations.
Connecticut	Prior authorization is required beyond 10 days.	Initial review to determine level of care made by a medical consultant within 14 days of patient's admission to a facility. Periodic patient reviews are made thereafter by a team to determine continued need for skilled nursing services.	Level of care is determined within 14 days of patient's admission to facility and the need for continued care in the facility is periodically redetermined thereafter.	Prior authorization required for services to patients in skilled nursing facilities beyond 1 visit per month for chronic conditions and 5 visits per month for acute conditions.
Delaware	No limitations	No limitations	No limitations	No limitations.

TABLE 2.—LIMITATIONS ON SELECTED SERVICES OFFERED UNDER TITLE XIX—Continued

State	Inpatient Hospital Services	Skilled Nursing Facility Services	Intermediate Care Facility Services	Physicians' Services
District of Columbia	Services provided in connection with surgical procedures for cosmetic purposes (except for emergency repair of accidental injury) will be included only by prior authorization issued by State agency, services provided in connection with dental or oral surgery will be limited to those required for emergency repair of accidental injury to jaw and related structures.	Items and services furnished by skilled nursing facilities maintained primarily for care and treatment of inpatients with TB will be provided only for individuals 65 years of age or older.	No limitations	Elective procedures requiring general anesthesia will be provided only when performed in a facility accredited for such procedures. Surgical procedures for cosmetic purposes (except for emergency repair of accidental injury) will be provided only by prior authorization issued by State agency. Ambulatory psychiatric care will be provided only in a formally organized psychiatric clinic which is approved as such by State agency, except when prior authorization for such care has been obtained from State agency.
Florida	45 days per patient per Fiscal Year	No limitations	No limitations	Excludes routine physicals and eye examinations, internal organ transplants which are considered experimental, clinically unproven procedures, and sterilization procedures for any person who has been judicially declared mentally incompetent, or who is under age 21, or who is legally incompetent under State law.
Georgia	Prior approval required for renal dialysis and/or kidney transplants except in cases of emergency dialysis.	Initial prior approval is required	Initial prior approval is required	Outpatient psychotherapy is limited to maximum of $250 per patient per calendar year. Unless medically justifiable need for exception exists, home and office visits limited to 1 per month, nursing home visits limited to 1 per month, and hospital visits limited to 1 per day.
Guam	A Medicaid recipient may not be confined for more than 65 consecutive days at a semi-private rate. If confinement is medically necessary after this period of time, then a reduced room rate equal to a SNF must be utilized. Only first 3 pints of blood. One doctor visit per day except for intensive care or consultation.	Limited to 3 routine Doctor's visits per month. Cost and limitations as outlined in Title XVIII.	Not provided	2 visits per week in SNF. Transportation cost of physician not covered.

Hawaii	Hospital admissions are authorized for following number of days: Medical and surgical—8 days. Confinement and delivery—4 days. T. & A.—2 days. Psychiatric—10 days. Prior authorization is required for any non-emergency admission such as for elective surgery; approval for extension is required for additional days.	Prior authorization required	Prior authorization required	For patients in skilled nursing facilities limited to 2 visits per month except during acute episodes when additional vistis are authorized.
Idaho	Limited to 40 days per admission. Length of stay subject to professional review for appropriateness and necessity, but will not exceed forty days per admission.	Prior authorization is required before payment.	Prior authorization is required before payment.	Physician services related to abortion or abortion related services will not be provided unless the abortion or abortion related services are recommended by 2 consulting physicians who state that it is necessary to save the life of the mother, 2 consulting physicians' recommendations that the mother will suffer severe and long lasting physical health damage if the fetus is carried to term; that in the case of rape or incest, the incident is reported promptly to a law enforcement agency or public health agency and the pregnancy is a result of rape or incest as determined by the court.
Illinois	Psychiatric services limited to an initial period of 10 days and a possible 10 day extenson with prior approval. There is a maximum of 45 inpatient days per year.	No limitations	No limitations	No limitations.
Indiana	No limitations	No Imitations	No limitations	No limitations.
Iowa	No limitations	No limitations	No limitations	No limitations.

TABLE 2.—LIMITATIONS ON SELECTED SERVICES OFFERED UNDER TITLE XIX—Continued

State	Inpatient Hospital Services	Skilled Nursing Facility Services	Intermediate Care Facility Services	Physicians' Services
Kansas	All out-of-State inpatient care is subject to prior authorization except for emergency care and care within hospitals bordering Kansas, whose services are routinely utilized by Kansas recipients. No payment will be made for inpatient admissions from midnight Thursday through midnight Saturday except in the case of an emergency admission.	No limitations	No limitations	Office calls are limited to 3 per month unless supported by written documentation confirming medical necessity. Adult care home visits are limited to 1 per month unless supported by written documentation confirming medical necessity. Surgery for cosmetic purposes is not payable. Abortions are provided when necessary because the life of the mother is endangered if the fetus is carried to term, or when performed upon a victim of rape or incest and it has been reported to appropriate authorities within 60 days of the incident.
Kentucky	21 days per admission	Preauthorization required	Preauthorization required	Initial and extensive visits limited to 2 per patient per physician per calendar year. Preauthorization required for those patients "locked in" to 1 physician and 1 pharmacy, who require services in excess of 4 prescriptions and 4 physician office visits per month.
Louisiana	Care in a short term general hospital is limited to 15 days in a calendar year without prior approval. If a recipient requires hospitalization beyond 15 days, or readmission only when medically necessary home passes are required, a determination to extend hospitalization would be made.	No limitations	No limitations	Limited to 12 outpatient visits per year, with extensions subject to prior approval. Up to 15 inpatient visits including admission visits in any calendar year when recipient is hospitalized without surgery.
Maine	Prior authorization required for extension of hospital benefit days beyond 60 days. Intensive care and coronary care services do not require prior authorization.	No limitations	No limitations	No limitations.

Maryland	Preauthorization required	Preauthorization required for all initial nursing home admissions.	Preauthorization required for all admissions.	Preauthorization required for surgery normally considered cosmetic.
Massachusetts	No limitations	No limitations	No limitations	Preauthorization required.
Michigan	Minimum period necessary in type of facility for the proper care and treatment of patient.	Minimum period necessary in type of facility for the proper care and treatment of patient.	Provided based on level of care appropriate to patient's medical needs.	Visits in the nursing home setting are limited to 1 visit per patient per month; additional visits must be documented as medically necessary.
Minnesota	No limitations	No limitations	No limitations	No limitations.
Mississippi	40 days per Fiscal Year	Prior authorization required	Prior authorization required	Hospital visits—limited to 1 per day; nursing home visits—limited to 36 per Fiscal Year.
Missouri	21 days per admission	Prior authorization required	Prior authorization required	Limited to those that are medically necessary. Payment is not made for cosmetic surgery. Certain recipients who have over-utilized physician's services are limited to service of only 1 physician of their own choosing.
Montana	No limitations	No limitations	No limitations	No limitations.
Nebraska	Prior authorization required	No limitations	No limitations	No specified limitations.
Nevada	Limited to admissions designated in the Concurrent Review Screening manual.	Prior authorization required	Prior authorization required	Limited to 2 office visits per person per month for treatment of illness, 2 therapeutic injections per month and emergency treatment. Services to hospital inpatients are not limited.
New Hampshire	Requires prior approval for patients who are anticipated to require hospitalization for period longer than 12 days.	Prior authorization required	Prior authorization required	Limited to 1 visit per month per patient, except 1 visit per week for acute care SNF patients.
New Jersey	Limited by exclusion of elective cosmetic surgery and diet therapy for exogenous obesity.	Prior authorization required except where patient is transferred to nursing home directly from an acute care facility.	Prior authorization required	Prior authorization required for elective cosmetic surgery and for psychiatric treatment when costs exceed $300 in given year.
New Mexico	Abortions are provided under certain conditions.	No limitations	No limitations	Abortions are provided under certain conditions.
New York	No limitations	Prior approval except when admitted directly from hospital, another nursing home, or from health related facility.	No limitations	No limitations.

TABLE 2.—LIMITATIONS ON SELECTED SERVICES OFFERED UNDER TITLE XIX—Continued

State	Inpatient Hospital Services	Skilled Nursing Facility Services	Intermediate Care Facility Services	Physicians' Services
North Carolina	Prior authorization required for admissions for cosmetic surgery and surgical transplants except bone, tendon and renal transplants.	Prior approval required	Prior authorization required	Routine physical exams and routine screening tests are excluded except for EPSDT recipients and an annual examination allowed for recipients in homes for aged, skilled nursing and intermediate care facilities. Eye refractions are limited to 1 per year for recipients ages 24 and under, and 1 in 2 years for recipients ages 25 and over. Prior approval required for surgical transplants (except for bone, renal and tendon),, cosmetic surgery and more than 2 psychiatric visits.
North Dakota	No limitations	No limitations	No limitations	No limitations.
Ohio	60-day limitation per spell of illness	Physicians' certification and recertification required every 60 days.	No limitations. Persons must be in need of such care.	10 physician visits per month.
Oklahoma	10 days per admission	Prior approval required	Preauthorization required	Limited to inpatient hospital visits and surgical services for a compensable hospital period; outpatient-4 office visits and/or 4 home visits per month per patient; and 2 visits per month in a nursing home.
Oregon	Limited to 21 days	No limitations	No limitations	Prior authorization required for elective and rehabilitative procedures.
Pennsylvania	Payment is not made for overnight or weekend passes in excess of 12 hours continuous absence and absence for purposes of employment or school. Payment is not made for prolonged hospitalization which is not medically justified.	No limitations	No limitations	Prior authorization required for all general and special medical examinations and consultations. Hospital inpatients—consultations limited to 1 per specialty per hospital admission; outpatient—consultation limited to 1 per 12 month period. $200 maximum amount payable to physician for his services provided during any 1 period of hospitalization or for a series of recurrent or related surgical procedures.

Puerto Rico	Limited to services provided in public facilities and 2 private facilities under contract.	Provided in public facilities	Not provided	Available through public facilities and some physicians under contract.
Rhode Island	Prior authorization required for stays in excess of 15 days per admission for persons under age 65, or in excess of 60 days for persons age 65 or older who are also covered by Medicare.	Prior authorization required for all admissions.	No limitations	Prior authorization required for visits in excess of 2 per month for chronic illness and in excess of 8 per month for acute illness; inpatient hospital visits in excess of 37 days up to maximum of 100 days, office visits provided by psychiatrists beyond initial evaluation visit.
South Carolina	40 days per Fiscal Year	Need for care approved or disapproved by PSRO.	Need for care approved or disapproved by PSRO.	Visits must be medically justified.
South Dakota	30 days per benefit period. 1st 3 pints of blood per benefit period.	No limitations	No limitations	Limited to services which are medically necessary and required by patient.
Tennessee	20 days per Fiscal Year	Prior authorization required	No limitations	Prior approval required for unusual elective types of surgical procedures.
Texas	30 days per spell of illness	Level of care determination is required	Level of care determination is required	No limitations.
Utah	No limitations	No limitations	No limitations	No limitations on number of visits for acute conditions, except psychiatric care is limited to 12 hours of treatment for each acute illness unless prior written approval for additional care is obtained.
Vermont	No specified day limitations	Authorization is required	Authorization is required	Treatment of mental, psychoneurotic or personality disorders limited to $500 per calendar year.
Virgin Islands	Prior authorization required	Service presently being developed. Prior authorization will be required.	Not provided	Limited to services provided by Health Department personnel; otherwise by prior authorization of the Bureau.

TABLE 2.—LIMITATIONS ON SELECTED SERVICES OFFERED UNDER TITLE XIX—Continued

State	Inpatient Hospital Services	Skilled Nursing Facility Services	Intermediate Care Facility Services	Physicians' Services
Virginia	14 days per admission	No limitations	No limitations	Cosmetic surgical procedures are not covered unless performed for physiological reasons. Routine physicals and immunizations are not covered except that well-child examinations in a private physician's office are covered for foster children. Prior authorization is required for refraction and eyeglasses. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment of health to the mother if the fetus were carried to term. Substantial endangerment of health includes endangerment of the life of the mother.
Washington	Admission and length of stay determined by PSRO.	Prior approval of admission	No limitations	1 visit per month in office, home, skilled nursing facility, and intermediate care facility. 2 per month in extended care facility. 1 per day in hospital, additional calls must be justified.
West Virginia	60 days per Fiscal Year	Prior approval of admission	Prior approval required	No limitations.
Wisconsin	Prior authorization is required for cosmetic surgery, intestinal or gastric bypass surgery and reversal of a tubal ligation or vasectomy.	Prior authorization required	Prior authorization required	Prior authorization is required for cosmetic surgery, intestinal or gastric bypass surgery and reversal of a tubal ligation or vasectomy.
Wyoming	14 days per spell of illness	No limitations	No limitations	Physical examinations limited to 1 yearly after 3rd year of life; nursing home visits limited to 1 routine visit per month.

TABLE 3.—STATE BUY-IN ARRANGEMENTS WITH MEDICARE

	State pays part B premiums for persons eligible for Medicare and Medicaid	State does not buy in to Part B of Medicare
Alabama	X	
Alaska		X
Arizona [1]		
Arkansas	X	
California	X	
Colorado	X	
Connecticut	X	
Delaware	X	
District of Columbia	X	
Florida	X	
Georgia	X	
Guam	X	
Hawaii	X	
Idaho	X	
Illinois	X	
Indiana	X	
Iowa	X	
Kansas	X	
Kentucky	X	
Louisiana		X
Maine	X	
Maryland	X	
Massachusetts	X	
Michigan	X	
Minnesota	X	
Mississippi	X	
Missouri	X	
Montana	X	
Nebraska	X	
Nevada	X	
New Hampshire	X	
New Jersey	X	
New Mexico	X	
New York	X	
North Carolina	X	
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon		X
Pennsylvania	X	
Puerto Rico		X
Rhode Island	X	
South Carolina	X	
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont	X	
Virgin Islands	X	
Virginia	X	
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming		X

[1] No Medicaid program.

Source: Medicaid Bureau, April 1979.

D. COST-SHARING FEATURES OF STATE MEDICAID PROGRAMS

As a result of the Social Security Amendments of 1972 (PL 92-603), States may impose certain cost-sharing requirements under their Medicaid program. The law specifies that no cost sharing can be imposed on the mandatory services for cash assistance recipients, but allows States to impose "nominal" cost-sharing requirements on optional services for cash assistance recipients, and on any services for the medically needy. Table 4 details the cost-sharing requirements which have been imposed by the States as a result of this legislation.

It should be noted that all States require Medicaid patients in long term care institutions to contribute their excess income (generally, all income over the $25 monthly they require for personal needs) to help pay for the cost of their care. Similarly, all medically needy individuals who have income that exceeds the amount set for Medicaid eligibility must use their excess income to pay for their medical care until they have spent their income down to the Medicaid level. Neither of these forms of paying for one's own medical care is subject to the limitations on cost-sharing in the Medicaid program, and they are not indicated in Table 4.

Table 4.—COST-SHARING FEATURES OF STATE MEDICAID PROGRAMS

ALABAMA.—Prescription drugs—copayment of $.50 per prescription and refills.

ARKANSAS.—Prescription drugs—copayment of $.50 per prescription.

DISTRICT OF COLUMBIA.—Prescription drugs—copayment of $.50 per prescription. Copayment of $2.00 on eyeglasses not provided as a part of an integrated program of medical services.

GEORGIA.—Prescription drugs—copayment of $.50 per prescription. Copayments also imposed on ambulance services, durable medical equipmeent and orthotic and prosthetic services. The copayments for these services are: $.50 on $10 or less; $1.00 on $11 to $25; $2.00 on $26 to $50; $3.00 on $51 or more based on sliding fees.

KANSAS.—Prescription drugs—copayment of $.50 per each prescription, new and refills.

MARYLAND.—Prescription drugs—copayment of $.50 per prescription.

MICHIGAN.—Vision services provided to recipients over age 21—copayment of $2.00 for each reimbursable visit. Dental services provided to recipients over age 21—copayment of $3.00 for each reimbursable visit.

MISSISSIPPI.—Prescription drugs—copayment of $.50 per prescription and refills.

MONTANA.—Prescription drugs—copayment of $.50 is required for each additional drug prescription after the first two prescriptions.

NEVADA.—Prescription drugs—copayment of $.50 for each prescription costing $10 or less; $1.00 for each prescription costing $10.01 through $25; $2.00 for each prescription costing $25.01 through $50; and $3.00 for each prescription costing $50.01 or more.

NEW MEXICO.—Prescription drugs—copayment of $.25 per prescription. Dental services—copayment of $2.00 per visit.

Table 4.—COST-SHARING FEATURES OF STATE MEDICAID PROGRAMS—Continued

NORTH CAROLINA.—Legend drugs and insulin—copayment of $.50 per prescription; optical supplies and services—copayment of $2.00 per visit; chiropractic services—copayment of $.50 per visit; dental services—copayment of $3.00 per visit; Mental Health Clinics—copayment of $1.00 per visit; Health Department Clinics—copayment of $1.00 per visit; optometrists's services—copayment of $1.00 per visit; Medically needy recipients: inpatient hospital services—copayment of $2.00 per inpatient day; outpatient hospital services—copayment of $2.00 per outpatient visit; physician's services—copayment of $1.00 per visit.

SOUTH CAROLINA.—Prescription drugs—copayment of $.50 on each prescription and refills.

SOUTH DAKOTA.—Prescription drugs—copayment of $.50 on each prescription.

VIRGINIA.—Prescription drugs—copayment of $.50 per prescription and refills dispensed on outpatient basis; eyeglasses—copayment of $2.00 for each pair and a $.50 copayment is imposed on the repair or replacement of parts of eyeglasses.

SOURCE: MEDICAID BUREAU, APRIL 1979.

E. RECENT STATE CHANGES IN PROGRAM COVERAGE

States can alter their Medicaid program at any time with Federal approval as long as the program remains within the Federal guidelines. Such alterations can be made to reflect shifting policy considerations, such as the desire to gradually expand or gradually limit the State program, or can be made as a result of temporary budgetary problems within the State.

Table 5 provides information on recent changes in Medicaid benefits.

Table 5.—CHANGES IN COVERAGE, JANUARY 1, 1978-JUNE 30, 1978

	Effective Date
ALABAMA:	
Increases:	
Added SNF coverage for individuals 65 or older in institutions for mental diseases.	3/1/78
Added ICF coverage for individuals 65 or older in institutions for mental diseases.	3/1/78
ARKANSAS:	
Increases:	
Added coverage of eyeglasses for adults.	10/1/77 [1]
Added coverage of optometrists' services for adults.	10/1/77 [1]
Increased prescribed drugs from 3 to 4 prescriptions filled per month to each recipient.	2/1/78
DISTRICT OF COLUMBIA:	
Increases:	
Increased the reimbursement fee for the following providers:	4/1/78

Provider	*Old Rate*	*New Rate*
Dentists	63.7% of the prevailing rate	75% of the prevailing rate
Optometrists	$12.00 for refractions	$16.00 for refractions

[1] These changes were initially reported for the prior period but withheld pending clearance by the Division of Policy and Standards.

Table 5.—CHANGES IN COVERAGE, JANUARY 1, 1978-JUNE 30, 1978—Continued

DISTRICT OF COLUMBIA—Continued

Increases—Continued

Provider	*Old Rate*	*New Rate*
Podiatrists	$4.80 for office visit/no surgery	$7.00 for office visit/additional for surgical procedure
Physicians	$4.80-$9.60 routine visit	$13.00-$20.00—routine visit $14.40-$40.00—new patients $22.80-$32.00—comprehensive history, diagnosis & physical examination
Anesthetists	$3.40 per unit	$6.00 per unit
Pharmacists	$1.80 non-institutional	$2.59
	$1.80 institutional	$2.00
Opticians	$5.00 plastic frames	$7.00
	$7.00 combination plastic and metal	$9.00

	Effective date
FLORIDA:	
Increases:	
Increased the net income levels for individuals in medical institutions and intermediate care facilities from $464.00 to $485.00.	7/1/77 [3]
Reductions:	
Instituted a $.50 copayment on all prescription drugs (new or refill).	11/1/77 thru 1/31/78 and 4/1/78 thru 4/12/78
GEORGIA:	
Reductions:	
Reduced home health visits to 100 per calendar year.	2/1/77 [1]
KANSAS:	
Reductions:	
Limited physician office visits to three per month.	10/1/77 [2]
Limited physician visit to a nursing home to one per month.	
MAINE:	
Increases:	
Added ICF coverage to the medically needy.	4/6/78
Added ICF/MR coverage to the medically needy.	4/6/78
MARYLAND:	
Increases:	
Increased the maximum fee paid for certain obstetrical procedures.	2/1/78

[1] Change was approved 2/9/78 with a retroactive effective date of 2/1/77.

[2] This change was initially reported for the prior period but withheld pending clearance by the Division of Policy and Standards.

[3] Change was approved 2/9/78 with a retroactive effective date of 7/1/77.

Table 5.—CHANGES IN COVERAGE, JANUARY 1, 1978-JUNE 30, 1978—Continued

	Effective date
MARYLAND—Continued	
Increases—Continued	
Increased ICF fee from $26.60 to $27.95 based on condition that nursing staff is upgraded.	1/1/78
Increased the fee for eyeglass frames from $4.50 to $7.50.	3/1/78
MICHIGAN:	
Increases:	
Removed prior approval requirement for optometrist services and changed frequency of eye examination limitation from one every 3 years to one every 2 years.	8/1/77 [2]
Removed the time restrictions on eyeglasses by allowing one pair of lenses and/or frames when medically necessary.	1/1/78
Pharmacy Reimbursement—Pharmacy payment methodology was revised to provide for payment based on the use of State developed MAC (maximum allowable cost) limits on multiple source generic drugs.	1/1/78
Hospital Reimbursement—Changed five indices in the hospital reimbursement formulae and added one appealable item.	1/1/78
NEBRASKA:	4/1/78
Increases:	
Added coverage for individuals under 21 in psychiatric hospitals.	
NEW HAMPSHIRE:	
Increases:	
The individual gross income level has been increased from $503.40 to $533.40 for aged, blind and disabled recipients living independently and in foster care, family care or group care settings.	1/1/78
The individual gross income level has been increased from $503.40 to $533.40 for aged, blind and disabled recipients in a medical facility or ICF who are receiving an SSI payment and who also meet the State's more restrictive standards.	1/1/78
The individual gross income level has been increased from $503.40 to $553.40 for aged, blind and disabled recipients in medical facility or ICF who would not receive a supplemental payment if they were outside the facility.	1/1/78
NEW JERSEY:	
Increases:	
Added coverage of unborn children in AFDC (aid to families with dependent children).	5/1/78
NEW MEXICO:	
Reductions:	
Instituted a $2.00 copayment for each dental services visit. (Excludes EPSDT and dental services performed as an inpatient hospital service.)	5/1/78

[2] This change was initially reported for the prior period but withheld pending clearance by the Division of Policy and Standards.

Table 5.—CHANGES IN COVERAGE, JANUARY 1, 1978-JUNE 30, 1978—Continued

	Effective date
NORTH CAROLINA:	
Increases:	
The net income level increased $22 per month for the blind in domiciliary facilities.	12/1/77 [1]
NORTH DAKOTA:	
Increases:	
Added coverage of all financially eligible persons under age 21 not otherwise eligible under the plan.	1/1/78
Reductions:	
Eliminated cosmetic type corrections under dental services.	1/1/78
Eliminated personal care services.	1/1/78
Eliminated prescribed diet remedies, as defined by the Medical Services Unit of the Social Service Board, and alcoholic beverage (spirits fermenti) from prescribed drugs.	1/1/78
PENNSYLVANIA:	
Increases:	
Removed payment restriction for orthopedic shoes.	5/15/78
TENNESSEE:	
Reductions:	
Eliminated optometrist services.	4/1/78
Eliminated denture services.	4/1/78
Eliminated services for individuals with speech, hearing, and language disorders.	4/1/78

[1] This change was initially reported for the prior period but withheld pending clearance by the Division of Policy and Standards.

F. MEDICAID REIMBURSEMENT PRACTICES

States are required by law to reimburse for inpatient hospital services on the basis of reasonable cost following the reimbursement practices of Medicare, unless they have approval from the Secretary of HEW to use an alternate method of reimbursement. The Secretary will approve an alternate system which varies from the Medicare method only if satisfied that (1) reasonable cost is paid (although the State in this case may develop the methods and standards for determining what reasonable cost is), and (2) the reasonable cost does not exceed the amount which would be determined as reasonable by Medicare. As of January 1978, ten States had received approval from HEW to use a reasonable cost reimbursement system for inpatient hospital services which was different from the system used by Medicare.

For all other services, including physician services, outpatient hospital services, and skilled nursing facility services, States are not required to use the Medicare method of payment. With the exception of skilled nursing facility services and intermediate care facility services, in fact, the only requirement is that the State Medicaid reimbursement may not exceed the amounts paid under Medicare. While there is an effective ceiling on payment, there is no corresponding floor. In the case of long term care institutional services (skilled nursing facility services and intermediate care facility services), a State is subject to the additional requirement that its payment system must be reasonably related to cost. This means that States are not required to use the Medicare reasonable cost system (although they may use it if they wish), but they must relate their reimbursement to the cost of care in some reasonable way, whether determined prospectively or retrospectively. Use of a cost-related payment system for long term care institutional services has been required by law since July 1, 1976. HEW has required States to have their systems fully operational by January 1, 1978.

Since August 1976, the Department has also established requirements by regulation for determining payments for prescription drugs: this system is referred to as MAC (Maximum Allowable Cost.) The purpose of the Maximum Allowable Cost regulations is to place an upper limit on payments made under Medicaid for selected multiple-source prescribed drugs (except where the physician specifies in writing that a higher cost drug is required). Payment for all drugs prescribed under Medicaid must be made on the basis of MAC or acquisition cost as estimated by the State (EAC) plus a dispensing fee, or the provider's usual and customary charge to the public, whichever is lower.

Table 6 provides information on the payment systems used by the States in their Medicaid programs for inpatient hospital services, outpatient hospital services, and physicians' services.

TABLE 6.—STATE MEDICAID METHODS OF REIMBURSEMENT FOR SERVICES

INPATIENT HOSPITAL SERVICES

All States use Title XVIII standards for determination of payments, except the following which have approval for alternative plans: California, Colorado, Illinois, Maryland, Michigan, New York, Pennsylvania, Massachusetts, Rhode Island, and Wisconsin.

OUTPATIENT HOSPITAL SERVICES

State	Same as Title XVIII	Other	Comment
Alabama	X		
Alaska	X		
Arkansas		X	Reasonable cost not to exceed Title XVIII payments for similar services.
California		X	Maximum allowable fee schedule.
Colorado		X	Reimbursed on an interim basis, based on billings; retrospective adjustment is made based on periodic cost audit.
Connecticut		X	Fee per visit or service.
Delaware		X	Usual and customary fee for type of service.
District of Columbia		X	Fixed fee basis.
Florida		X	Customary and prevailing charges which are reasonable, or per diem rate established by State agency based on cost report.
Georgia	X		
Guam		X	1970 Hawaii Relative Value Scale conversion factor of 7.0.
Hawaii		X	Lesser of reasonable cost or customary charges.
Idaho		X	Maximum allowable fees not exceeding reasonable charges.
Illinois		X	Reasonable cost determined by State agency.
Indiana		X	Usual and customary charges with fixed maximum rate.
Iowa	X		
Kansas	X		
Kentucky	X		
Louisiana		X	On cost or charges, whichever is lower.
Maine	X		
Maryland		X	Reasonable cost.
Massachusetts		X	Percentage of charges or fee per visit.
Michigan		X	Reasonable cost.
Minnesota		X	Customary charges.
Mississippi		X	75 percent of usual and customary charges not to exceed Title XVIII cost.
Missouri		X	Reasonable charge determined by the Division of Family Service.
Montana		X	Customary and reasonable charges not to exceed Title XVIII charges.
Nebraska	X		
Nevada		X	Lower of billed charge, or fixed fee per unit.
New Hampshire	X		
New Jersey		X	Reasonable covered charges.
New Mexico		X	Customary and reasonable charges not exceeding Title XVIII payments.
New York		X	Reasonable cost.
North Carolina		X	90 percent of allowable cost.
North Dakota		X	Rate in accordance with Blue Cross/Blue Shield rates.
Ohio		X	Customary and reasonable charges.
Oklahoma		X	Negotiated rates.
Oregon	X		
Pennsylvania		X	Fee schedule.
Puerto Rico		X	Reasonable cost.
Rhode Island		X	Fee schedule.
South Carolina		X	Reasonable cost.
South Dakota	X		
Tennessee	X		
Texas	X		
Utah		X	Customary charges which are reasonable with maximum fee schedule.
Vermont	X		
Virgin Islands		X	Fee schedule.
Virginia	X		
Washington		X	Fee schedule.
West Virginia		X	Fee schedule.
Wisconsin	X		
Wyoming		X	Customary and reasonable charges not exceeding Title XVIII payments.

TABLE 6—(Continued)

PHYSICIAN SERVICES

State	Same as Title XVIII	Other	Comment
Alabama	X		
Alaska		X	Usual, customary, and reasonable charges up to maximum established by department.
Arkansas	X		
California		X	Maximum allowable fee schedule.
Colorado		X	Reasonable charges according to unit values.
Connecticut		X	Customary and reasonable charges.
Delaware		X	Usual and customary fees.
District of Columbia	X		
Florida	X		
Georgia		X	Reasonable charges.
Guam		X	1970 Hawaii Relative Value Scale conversion factor of 7.0.
Hawaii		X	Usual and customary fees but not exceeding the 75th percentile of the range of customary charges prevailing in the State.
Idaho	X		
Illinois		X	Customary and reasonable charges not to exceed upper limits.
Indiana	X		
Iowa	X		
Kansas		X	Usual and customary charge with fixed maximum.
Kentucky		X	Usual, customary, reasonable and prevailing charges.
Louisiana	X		
Maine	X		
Maryland		X	Fixed fee schedules.
Massachusetts		X	Fixed negotiated fee schedule.
Michigan		X	Reasonable charges determined by Department of Social Services.
Minnesota		X	Usual and customary charges.
Mississippi		X	Fixed fee.
Missouri		X	Reasonable charge determined by the Missouri Division of Welfare.
Montana		X	Median charge by an individual practitioner for a given service.
Nebraska		X	Maximum payments set by Department of Public Welfare.
Nevada		X	Lower of billed charge, or fixed fee per unit.
New Hampshire		X	Fee schedule.
New Jersey		X	Not to exceed the 75th percentile of the range of customary charges.
New Mexico	X		
New York		X	Fee schedules.
North Carolina		X	Usual, customary, and reasonable charges subject to limitations.
North Dakota		X	Lowest of actual charge, median charge or reasonable charge.
Ohio		X	Customary and reasonable charges up to maximum limit.
Oklahoma	X		
Oregon		X	Fee schedules.
Pennsylvania		X	Customary charges with maximum limit.
Puerto Rico		X	Actual cost.
Rhode Island		X	Reasonable charges up to maximum under Title XVIII.
South Carolina		X	Reasonable charges not exceeding upper limits.
South Dakota	X		
Tennessee		X	Not to exceed 90 percent of the 75th percentile of prevailing customary charges.
Texas		X	Reasonable and customary charge.
Utah		X	80 percent of usual, customary, and reasonable fee not exceeding 1974 Title XVIII profile.
Vermont	X		
Virgin Islands		X	Reasonable charges.
Virginia		X	Usual, customary, and reasonable charges.
Washington		X	Usual, customary, and reasonable charge up to maximum.
West Virginia		X	Fee schedule.
Wisconsin		X	Lowest of actual charge, median of physician's charge for service, reasonable charge, or physician's Dec. 23, 1974 rate for service.
Wyoming	X		

Source: Medicaid Bureau March, 1979.

G. BASIC MEDICAID ELIGIBILITY COVERAGE, BY STATE

Medicaid eligibility is linked to the Federally assisted welfare programs of Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI) for the aged, blind, and disabled. In general, States must cover all cash assistance recipients, with the exception that States have the option of limiting Medicaid coverage of SSI recipients by requiring that such recipents meet any more restrictive eligibility standard which was in effect in the State on January 1, 1972, prior to the implementation of the SSI program. States exercising this option are required to provide for a "spend-down" for all aged, blind, and disabled persons (not just SSI cash recipients), by deducting any medical expenses incurred from income in determining Medicaid eligibility.

Columns 2 and 3 of Table 7 show the States which have chosen to cover all SSI recipients and those who have chosen to limit coverage by reverting to some aspect of their more restrictive standard in effect prior to implementation of SSI.

States may pay a cash supplement to the basic SSI payment. Some persons who have enough income so that they are not eligible for a Federal payment nonetheless receive a State supplement. States may provide Medicaid to persons whose only welfare payment is a State supplement at their option. Columns 4, 5, 6, and 7 indicate the extent of this State Medicaid coverage.

In addition to covering cash assistance recipients. States can provide Medicaid coverage to the "medically needy," those who would be eligible for cash assistance (i.e., they fall within one of the categorical groups of aged, blind, disabled, or a member of a family with dependent children) except for the level of their income. Column 8 of Table 7 shows the 33 States currently providing coverage of the medically needy.

H. OPTIONAL MEDICAID COVERAGE GROUPS

States can also provide Medicaid coverage to certain special groups within the State. One such group consists of any financially eligible children under 21 years of age regardless of whether they are members of intact families or not. This is the only situation under Medicaid where the requirement of fitting into one of the welfare categories is overridden. Only 20 States have provided this coverage. Column 3 of Table 8 indicates which States do this.

Another special coverage group is members of families with unemployed fathers who are not receiving unemployment compensation. (Persons receiving unemployment compensation are precluded from coverage, although a recent court decision provided that persons had

the right to refuse unemployment compensation and receive welfare benefits instead, if they are otherwise eligible.) Generally, States provide Medicaid to such persons only when they include families of unemployed fathers in their AFDC program. Further, simply being unemployed is not enough to qualify for coverage. As with the other eligible groups, income and resources tests used for the welfare program (or for the medically needy) are applied. Columns 1 and 2 of Table 8 indicate State coverage of unemployed fathers and their families.

TABLE 7.—BASIC MEDICAID ELIGIBILITY COVERAGE BY STATE, JANUARY, 1979

State	AFDC	All SSI recipients	More restricted standard	State Supplement Recipients			Medically needy
				Aged	Blind	Disabled	
Alabama	X	X		X	X	X	
Alaska	X	X		X	X	X	
Arizona [1]							
Arkansas	X	X					X
California	X	X					X
Colorado	X	X		X	X	X	
Connecticut	X		X	X	X	X	X
Delaware	X	X		X	X	X	
District of Columbia	X	X					X
Florida	X	X		X	X	X	
Georgia	X	X					
Guam	X			[2]			X
Hawaii	X		X	X	X	X	X
Idaho	X	X		X	X	X	
Illinois	X		X	X	X	X	X
Indiana	X		X				
Iowa	X	X		X	X	X	
Kansas	X	X		X	X	X	X
Kentucky	X	X		X	X	X	X
Louisiana	X	X					X
Maine	X	X		X	X	X	X
Maryland	X	X		X			X
Massachusetts	X	X		X	X	X	X
Michigan	X	X		X	X	X	X
Minnesota	X		X				X
Mississippi	X		X				
Missouri	X		X				
Montana	X	X					X
Nebraska	X		X	X	X	X	X
Nevada	X	X		X	X	X	
New Hampshire	X		X	X	X	X	X
New Jersey	X	X					
New Mexico	X	X					
New York	X	X					X
North Carolina	X		X	X	X	X	X
North Dakota	X	X					X
Ohio	X		X	X		X	
Oklahoma	X		X	X	X	X	X
Oregon	X	X		X	X	X	
Pennsylvania	X	X					X
Puerto Rico	X			[2]			X
Rhode Island	X	X		X	X	X	X
South Carolina	X	X		X	X	X	
South Dakota	X	X		X	X	X	
Tennessee	X	X					X
Texas	X	X					
Utah	X		X				X
Vermont	X	X		X	X	X	X
Virgin Islands	X			[2]			X
Virginia	X		X	X	X	X	X
Washington	X	X		X	X	X	X
West Virginia	X	X		X		X	X
Wisconsin	X	X					X
Wyoming	X	X					
Total	53	35	15	30	27	29	33

[1] No Medicaid program.

[2] The SSI program does not provide coverage in Guam, Puerto Rico, or the Virgin Islands. Federal-State matching programs for assistance to the aged, blind and disabled remains in effect, and Medicaid is provided for these persons.

Source: DHEW/HCFA

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TABLE 8.—OPTIONAL MEDICAID COVERAGE GROUPS, JANUARY, 1979

State	Unemployed fathers and their families	Children of unemployed fathers	All financially eligible individuals under age 21
Alabama			
Alaska			
Arizona [1]			
Arkansas			X
California	X	X	X
Colorado	X	X	
Connecticut	X	X	X
Delaware	X	X	
District of Columbia	X	X	X
Florida			
Georgia			
Guam	X	X	
Hawaii	X	X	X
Idaho			
Illinois	X	X	
Indiana			
Iowa	X	X	
Kansas	X	X	
Kentucky	X	X	
Louisiana			
Maine			X
Maryland	X	X	X
Massachusetts	X	X	X
Michigan		X	X
Minnesota	X	X	X
Mississippi			
Missouri	X	X	
Montana	X	X	
Nebraska	X	X	
Nevada			
New Hampshire			
New Jersey	X	X	X
New Mexico			
New York	X	X	X
North Carolina			
North Dakota			
Ohio	X	X	
Oklahoma			X
Oregon	X	X	
Pennsylvania	X	X	X
Puerto Rico	X	X	X
Rhode Island	X	X	
South Carolina			
South Dakota			
Tennessee			
Texas			
Utah	X	X	X
Vermont	X	X	X
Virgin Islands	X	X	X
Virginia			
Washington	X	X	X
West Virginia	X	X	
Wisconsin	X	X	X
Wyoming			
Total	30	31	20

[1] No Medicaid program.

II. Medicaid Trend Data, 1966-1979

The second section of this report (Tables 9-19) provides basic trend data on expenditures and recipients under the Medicaid program since its inception in 1966.

A. TOTAL MEDICAID PROGRAM PAYMENTS TO PROVIDERS OF HEALTH CARE

Table 9 shows the dramatic growth in total Medicaid expenditures since enactment of the program. The column titled "Kerr-Mills and related programs" refers to the medical vendor payment programs in effect prior to Medicaid, most notably the Kerr-Mills program, or Medical Assistance for the Aged (MAA). This program, enacted in 1960, provided for Federal matching for State programs of medical vendor payments made on behalf of aged cash assistance recipients and the aged medically needy.

The increased dollar totals are graphically presented in Table 10, while Table 11 shows the percent increase in Medicaid payments.

TABLE 9.—TOTAL (FEDERAL AND STATE) MEDICAID (AND RELATED) PROGRAM PAYMENTS TO PROVIDERS OF HEALTH CARE, FISCAL YEARS 1966-1980 [2]

(Amounts in thousands)

Fiscal Year	Medicaid	Kerr-Mills and related programs	Total	Percent increase over previous year
1966	$362,578	$1,229,042	$1,591,620	.....
1967	1,936,753	334,243	2,270,996	+42.7
1968	3,221,707	229,669	3,451,376	+52.0
1969	[1] 4,126,380	225,106	4,351,486	+26.1
1970	[1] 4,977,585	116,315	5,093,901	+17.1
1971	[1] 6,345,199	.....	6,345,199	+24.6
1972	[1] 7,346,131	.....	7,346,131	+15.8
1973	8,713,761	.....	8,713,761	+18.6
1974	9,737,398	.....	9,737,398	+11.7
1975	12,086,166	.....	12,086,166	+24.1
1976	13,977,348	.....	13,977,348	+15.6
1977 [3]	16,354,599	.....	16,354,599	+17.0
1978	17,965,000	.....	17,965,000	+ 9.8
1979	19,662,000	.....	19,662,000	+ 9.4
1980	21,022,000	.....	21,022,000	+ 6.9

[1] Payments to intermediate care facilities are included in the total for Fiscal Years 1969-72 even though they were administered under the cash programs until January 1, 1972, when they were switched to Title XIX.

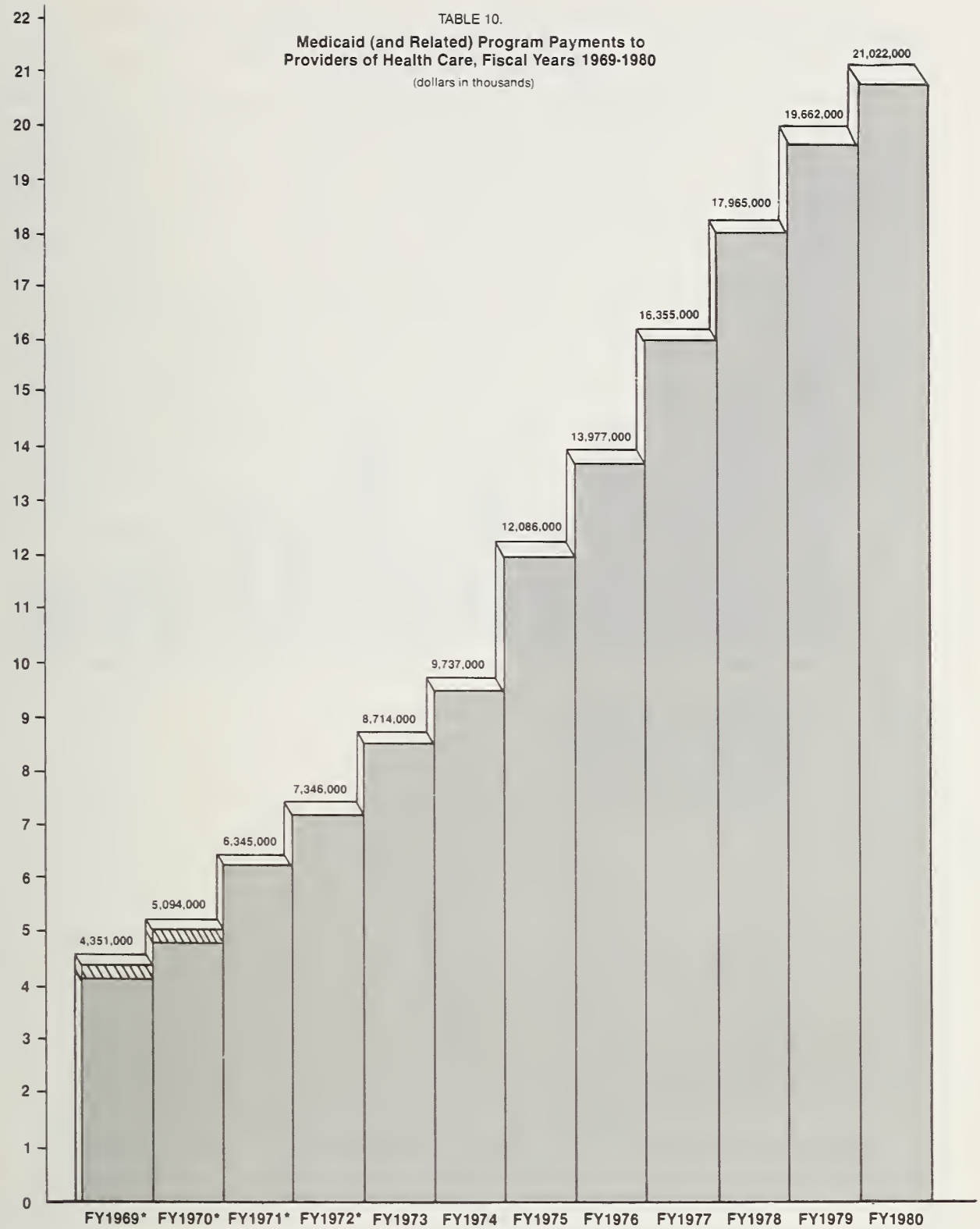
[2] Source: Actual State expenditure data from "State Expenditures for the Medical Assistance Program," except for Fiscal Years 1978-1980 which are from the Appendix to the Budget of the U.S. Government, Fiscal Year 1980. See Technical Notes 1, 4, and 5 in the Appendix to this publication.

[3] Fiscal Year changed from July-June in 1976 to October-September in 1977.

TABLE 10.

Medicaid (and Related) Program Payments to Providers of Health Care, Fiscal Years 1969-1980

(dollars in thousands)



*NOTE: Intermediate care facility payments are included in the totals for FY 1969-72 even though they were administered under the cash assistance program until January 1, 1972, when they were switched to Title XIX.

Source:

Actual State expenditure data from the report "State Expenditures for the Medical Assistance Program," compiled by HCFA Office of Management and Budget from Quarterly Statements of Expenditures, form OA-41, except for FY 78-80 which are based on budget estimates of States expenditures.

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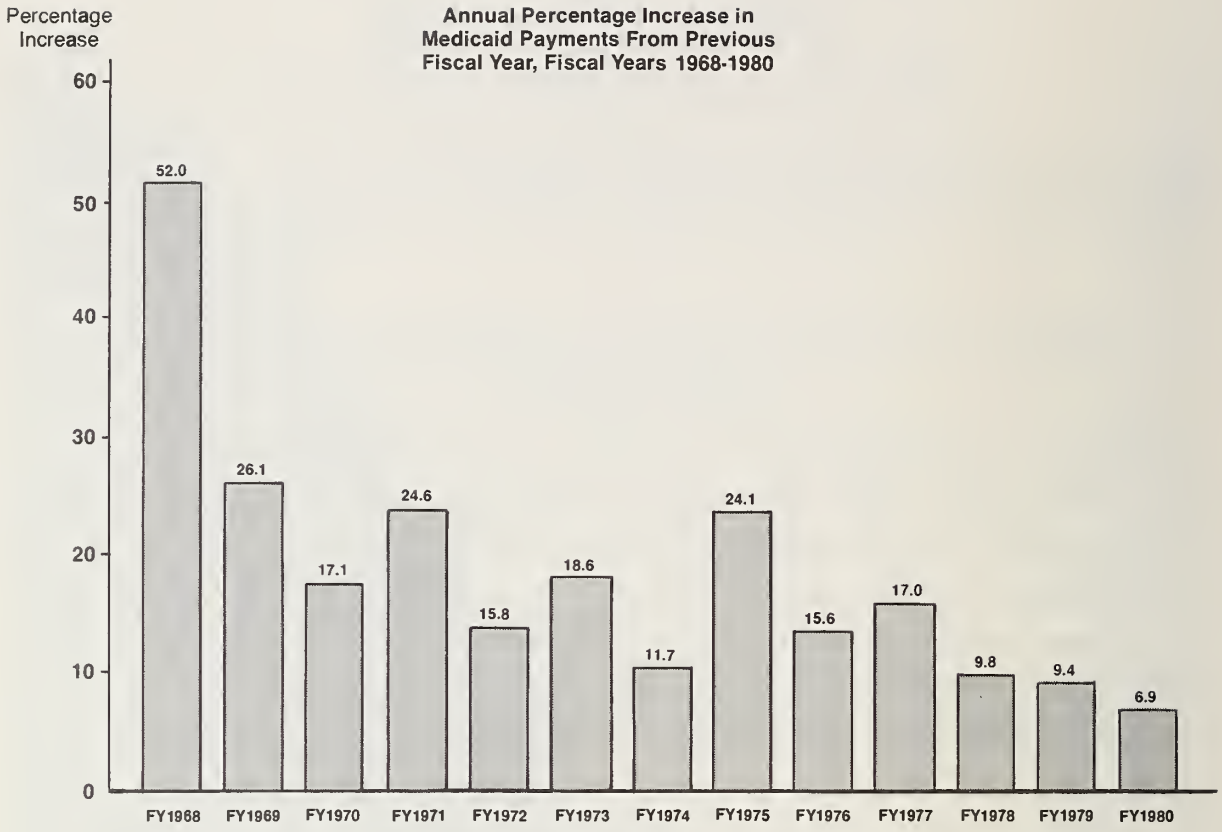
TABLE 11.

Annual Percentage Increase in Medicaid Payments From Previous Fiscal Year, Fiscal Years 1968-1980



Source: Actual State expenditure data from the report "State Expenditures for the Medical Assistance Program," compiled by HCFA Office of Management and Budget from Quarterly Statements of Expenditures, form OA-41, except for FY 78-80 which are based on budget estimates of States' expenditures.

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B. NUMBER OF MEDICAID AND CASH ASSISTANCE RECIPIENTS

The number of Medicaid recipients has also increased greatly in the years since enactment of the program, as demonstrated in Table 12.

This growth in the number of Medicaid recipients is related to the growth in the cash assistance population during the same time period, due to the general linkage of Medicaid eligibility to the cash programs. Table 12 compares the average monthly number of cash assistance recipients during each year since 1969 with the total yearly number of Medicaid recipients in those years. While the figures are not completely comparable (cash recipients are expressed as the average monthly number of recipients during the year, while the Medicaid recipients are expressed as the total number of different individuals receiving services at some time during the year), the relationship between the increasing cash assistance population and increasing number of Medicaid recipients is obvious from the table.

TABLE 12.—NUMBER OF MEDICAID AND CASH ASSISTANCE RECIPIENTS, AND PERCENT INCREASES, FISCAL YEARS 1969-1978

Fiscal Year	Annual number of Medicaid recipients [1,3] (in thousands)	Percent increase over previous year	Average monthly number of cash assistance recipients (in thousands)	Percent increase over previous year
1969	12,060	.....	8,966	.....
1970	14,507	+20.3	10,373	+15.7
1971	[2] 17,965	+23.8	12,650	+22.0
1972	17,990	+0.1	13,809	+9.2
1973	18,818	+4.6	14,230	+3.1
1974	20,842	+10.7	14,246	+0.1
1975	21,197	+1.7	15,097	+6.0
1976	23,462	+10.7	15,647	+3.6
1977 [5]	[4] 22,814	−2.8	15,434	−1.4
1978	[4] 21,795	−4.5	15,368	−1.0

[1] Does not include recipients of medical assistance under Kerr-Mills.
[2] Includes some recipients of aid under nonfederally matched programs.
[3] Source: "Medicaid State Tables," See Technical Notes 3, 4, 5, 6, 7, and 8 in the Appendix.
[4] Estimated figures from preliminary data in "Medicaid Statistics," for Fiscal Years 1977 and 1978. See Technical Notes 6 and 7 in Appendix for a discussion of the trend for Medicaid recipients.
[5] Fiscal Year changed from July-June in 1976 to October-September in 1977.

C. MEDICAID RECIPIENTS BY BASIS OF ELIGIBILITY

Medicaid eligibility is linked to the Federally assisted cash assistance programs. Medicaid recipients must qualify on the basis of relatedness to one of the following eligibility categories: aged; blind; disabled; children under age 21; and adults in AFDC families.

The increase in the number of Medicaid recipients has varied at different points in time by eligibility category. Tables 13 and 14 detail the growth in the number of recipients by category of eligibility from FY 1970 through FY 1978.

TABLE 13.—NUMBER OF MEDICAID RECIPIENTS [1] BY BASIS OF ELIGIBILITY, AND PERCENTAGE CHANGE OVER PREVIOUS YEAR, FISCAL YEARS 1970-1978 [3]

(Recipients in Thousands)

Basis of Eligibility	1970		1971 [2]		1972		1973		1974		1975		1976		1977		1978	
	Number of recipients	Percent change over prior year	Number of recipients	Percent change over prior year	Number of recipients	Percent change over prior year	Number of recipients	Percent change over prior year	Number of recipients	Percent change over prior year	Number of recipients	Percent change over prior year	Number of recipients	Percent change over prior year	Number of recipients	Percent change over prior year	Number of recipients	Percent change over prior year
Total	14,507	+20.3	17,965	+23.8	17,990	+ 0.1	18,818	+ 4.6	20,842	+10.8	21,197	+ 1.7	23,462	+10.7	22,814	—2.8	21,795	—4.5
Aged	3,200	+10.3	4,076	+27.4	3,690	— 9.5	3,549	— 3.8	3,805	+ 7.2	3,699	— 2.8	3,808	+2.9	3,690	—3.1	3,786	+2.6
Blind	107	+42.7	135	+26.2	117	—13.3	102	—12.8	136	+33.3	107	—21.3	98	—8.4	98	0.0	79	—19.4
Disabled	1,200	+25.0	1,770	+47.5	1,799	+ 1.6	1,843	+ 2.4	2,280	+23.7	2,308	+ 1.2	2,664	+15.4	2,841	+6.6	2,900	+2.1
Children under Age 21	6,500	+10.2	8,161	+25.6	8,722	+ 6.9	9,178	+ 5.2	10,110	+10.2	10,421	+ 3.1	11,654	+11.8	10,940	—6.1	10,093	—7.7
Adults in families with dependent children	3,500	+55.1	3,823	+ 9.2	3,662	— 4.2	4,145	+13.2	4,511	+ 8.8	4,662	+ 3.3	5,238	+12.4	5,245	+0.1	4,937	—5.9

[1] Recipients are people who had at least some of their health bills paid by Medicaid.
[2] Includes some recipients of aid under nonfederally matched medical assistance programs.
[3] Source: "Medicaid State Tables" except for 1971, 1977 and 1978 which are from "Medicaid Statistics." See Technical Notes 3, 4, 5, 6, and 7 in Appendix.

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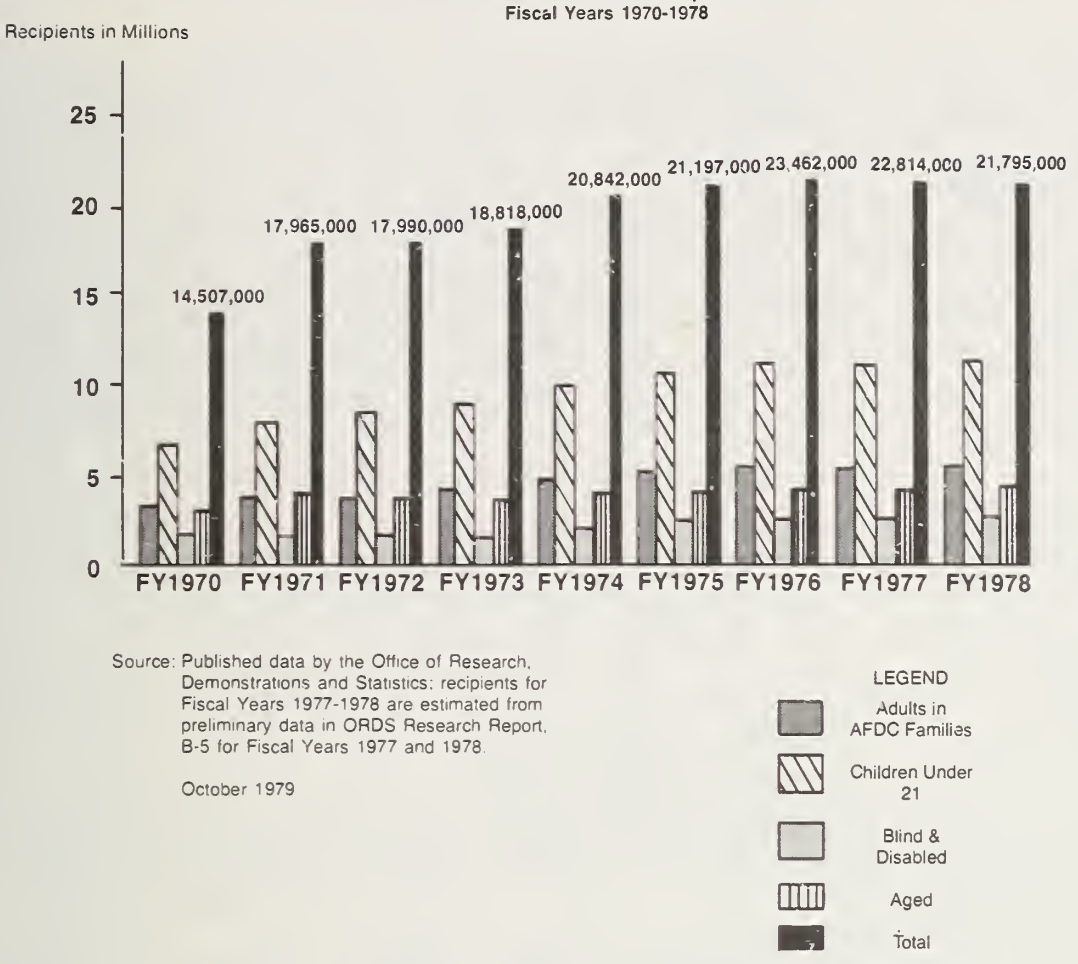
TABLE 14
Number of Medicaid Recipients
Fiscal Years 1970-1978



Source: Published data by the Office of Research, Demonstrations and Statistics; recipients for Fiscal Years 1977-1978 are estimated from preliminary data in ORDS Research Report, B-5 for Fiscal Years 1977 and 1978.

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D. MEDICAID BENEFIT EXPENDITURES BY TYPE OF SERVICE

Medicaid expenditures are made for a number of different medical services. Table 15 details total program expenditures for each of the major types of service from CY 1968 through FY 1978. It is evident that the great proportion of expenditures are made for the institutional services (inpatient hospital, skilled nursing home, and intermediate care facilities), with such services accounting for 68.0 percent of program expenditures in CY 1968 and 72.7 percent in FY 1978. Although the share accounted for by institutional services as a whole has remained fairly constant, there have been some noticeable shifts within institutional services. There has been a decline in both inpatient hospital (from 38.4 percent to 30.8 percent) and skilled nursing facility care (from 29.6 percent to 17.7 percent), with an increase in expenditures for intermediate care services, partially due to an increasing number of States covering intermediate care facility services.

TABLE 15.—TOTAL (FEDERAL AND STATE) MEDICAID BENEFIT EXPENDITURES [1, 6] BY TYPE OF SERVICE, CY 1968-1970, FY 1971-1978

Type of Service	Calendar Year			Fiscal Year							
	1968	1969	1970	1971	1972	1973	1974 [2]	1975 [2]	1976 [2]	1977 [2]	1978 [2]
Total [3] amount (in millions)	3,544	4,420	5,112	6,476	7,042	8,640	9,983	12,292	14,135	16,300	18,134
Inpatient hospital care	1,361	1,659	1,846	2,288	2,669	3,009	3,293	3,811	4,466	5,128	5,581
Nursing home care	1,050	1,286	1,362	1,674	1,471	1,959	2,002	2,446	2,488	2,808	3,203
Intermediate care [4]	----	95	304	537	743	1,060	1,585	2,215	2,791	3,584	4,380
Physicians	414	514	617	717	794	926	1,083	1,248	1,389	1,503	1,595
Dental care	195	185	149	181	170	206	265	350	382	400	388
Prescribed drugs	256	348	403	473	512	609	713	832	957	1,018	1,088
Other Services [5]	268	333	431	606	683	871	1,042	1,390	1,662	1,859	1,899
Total (percentage distribution)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital care	38.4	37.5	36.1	35.3	37.9	34.8	33.0	31.0	31.6	31.5	30.8
Nursing home care	29.6	29.1	26.6	25.8	20.9	22.7	20.1	19.9	17.6	17.2	17.7
Intermediate care [4]	----	2.1	5.9	8.3	10.6	12.3	15.9	18.0	19.7	22.0	24.2
Physicians	11.7	11.6	12.1	11.1	11.3	10.7	10.8	10.2	9.8	9.2	8.8
Dental care	5.5	4.2	2.9	2.8	2.4	2.4	2.7	2.8	2.7	2.5	2.1
Prescribed drugs	7.2	7.9	7.9	7.3	7.3	7.0	7.1	6.8	6.8	6.2	6.0
Other services [5]	7.6	7.5	8.4	9.4	9.7	10.1	10.4	11.3	11.8	11.4	10.5

[1] Source: "Medicaid State Tables," Calendar Years 1968, 1969, 1970, Fiscal Years 1972-1976; "Medicaid Statistics," Fiscal Years 1971, 1977, and 1978. Reporting changed from Calendar Year in 1970 to Fiscal Year in 1972; only "Medicaid Statistics" was published in Fiscal Year 1971. See Technical Notes 1, 2, 3, 4, and 5 in Appendix.

[2] Does not include data for Guam.

[3] Totals vary from those reported on Table 9. Table 9 is based on accounting data, which are not available in detail on types of service or basis of eligibility. The more detailed data used in this table are available only through the statistical reporting system, which reports totals which differ somewhat from the accounting totals. Note also that columns may not add due to rounding.

[4] Payments to intermediate care facilities are included in the totals for Fiscal Years 1969-72 even though they were administered under the cash assistance programs until January 1, 1972, when they were switched to Title XIX.

[5] Other services include laboratory and radiological services, home health, family planning services, outpatient hospital services, clinic services, and amounts for which types of services were not reported.

[6] Expenditures include amounts for other adult recipients, aged 21-64, who are covered by some State assistance programs other than Title XIX; expenditures for these recipients are included in reports submitted by States. See Technical Note 8 in the Appendix.

E. MEDICAID SHARE OF PERSONAL HEALTH CARE EXPENDITURES FOR SPECIFIED SERVICES, FY 1977

Medicaid has assumed an increasing proportion of personal health care expenditures in the United States since enactment of the program. Medicaid's share of personal health care expenditures rose from approximately 5 percent in FY 1967 to more than 10.0 percent in FY 1977, and Medicaid's share of public expenditures for personal health care services increased from 18 percent to 28.6 percent in the same time period. Table 16 shows personal health care expenditures for specified services in FY 1977, and details Medicaid's share of those expenditures.

Especially noteworthy are the Medicaid expenditures for nursing home care, which comprise a major portion (50.8%) of the nation's

expenditures for long term care services. Even this statistic understates Medicaid's share of expenditures for skilled nursing care and intermediate care, for the definition of nursing home care used to compute total national health expenditures includes personal care homes providing some nursing care which would not be considered a medical service for purposes of Medicaid or Medicare program coverage. Medicaid's share of the Nation's total nursing home expenditures is graphically portrayed in Table 17.

TABLE 16.—PERSONAL HEALTH CARE EXPENDITURES, AND MEDICAID'S SHARE OF EXPENDITURES, FOR SPECIFIED SERVICES, FISCAL YEAR 1977

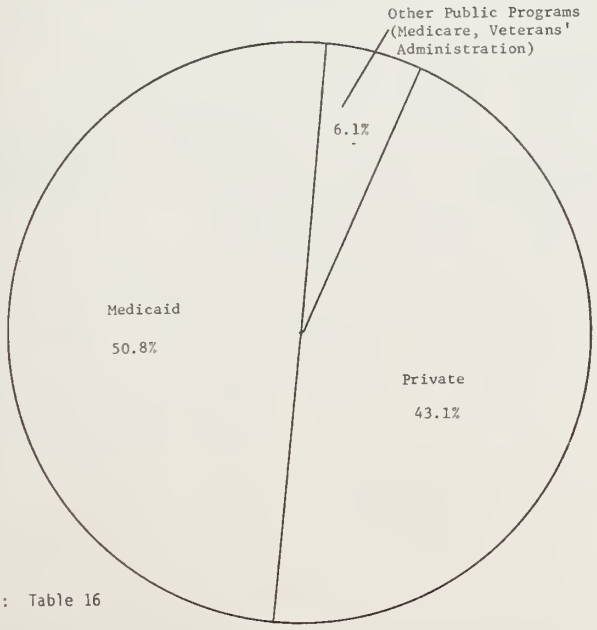
(dollar amounts in millions)

Type of service	Personal health care expenditures				Medicaid as percent of total	Medicaid as percent of public
	Source of funds					
	Total [1]	Private [1]	Public			
			Total [1]	Medicaid [2]		
Total	142,586	85,465	57,121	16,355	11.5	28.6
Hospital care	65,627	29,427	36,199	5,152	7.9	14.2
Nursing home care	12,618	5,434	7,184	6,411	50.8	89.2
Physicians' services	32,184	24,360	7,824	1,505	4.7	19.2
Dentists' services	10,020	9,520	500	409	4.1	81.8
Drugs and drug sundries	12,516	11,373	1,143	1,014	8.1	88.7
All other	9,620	5,349	4,271	1,864	19.4	43.6

[1] Source: Social Security Bulletin, Vol. 41, No. 7, July 1978; Table 2.

[2] Source: "State Expenditures for the Medical Assistance Program," Fiscal Year 1977. See Technical Notes 1 and 5 in Appendix.

Table 17.—MEDICAID'S SHARE OF NURSING HOME CARE EXPENDITURES, FISCAL YEAR 1977



Source: Table 16

F. MEDICAID PAYMENTS ADJUSTED FOR INCREASES IN RECIPIENTS, AND PRICES

Previous tables have separately examined the increases in Medicaid expenditures and Medicaid recipients. Table 18 combines the two, analyzes the relative change in expenditures per recipient from FY 1968 to FY 1978, and adjusts the expenditures per recipient for the increasing price of medical care during that time period. The final result, payments in constant dollars per recipient, provides a rough idea of increased program costs, net of the effects of increased recipients and increasing prices, and indicates that payments in constant dollars have remained virtually unchanged over the last few years.

The use of the Medical Care Price Index for this adjustment should be viewed with some caution, for on the one hand reimbursement levels under Medicaid are often slow to respond to general medical care prices, and on the other, the index of cost increases for hospital care has increased significantly faster than the Medical Care Price Index.

TABLE 18.—MEDICAID PAYMENTS ADJUSTED FOR INCREASES IN RECIPIENTS AND PRICES, FISCAL YEARS 1968-1978

Fiscal Year	Total (Federal and State) Medicaid payments (thousands)[4]	Yearly number of Medicaid recipients (thousands)[1,5]	Medical care price index [2]	Percent growth of medical care costs	Annual payments per Medicaid recipient	Payment per recipient in constant dollars
1968 [3]	$3,451,376	11,500	100.0	6.1	$300	$300
1969 [3]	4,351,486	12,060	106.9	6.9	361	338
1970 [3]	5,093,901	14,507	113.7	6.4	351	309
1971	6,345,199	17,965	121.0	6.4	353	292
1972	7,346,131	17,990	124.9	3.2	408	327
1973	8,713,761	18,818	129.8	3.9	463	357
1974	9,737,398	20,842	141.9	9.3	467	329
1975	12,086,166	21,197	158.9	12.0	570	359
1976	13,977,348	23,462	174.1	9.6	596	342
1977	16,354,599	22,814	190.8	9.6	717	376
1978	17,965,000	21,795	206.4	8.2	824	399

[1] Includes some recipients of aid under nonfederally matched programs.

[2] Bureau of Labor Statistics Medical Care Price Index with adjustments to make 1968=100.

[3] Includes payments under the Kerr-Mills program.

[4] Source: "State Expenditures for the Medical Assistance Program" except for FY 1978 which comes from the Appendix to the Budget of the U.S. Government for FY 1980. See Technical Notes 1,2, and 5 in Appendix.

[5] Source: "Medicaid State Tables" except for 1971, 1977, and 1978 which are from "Medicaid Statistics." See Technical Notes 3,4,5,6, and 7 in the Appendix.

G. FEDERAL MEDICAL ASSISTANCE PERCENTAGES

The Federal share of State medical vendor payments is determined by a statutory formula designed to provide a higher percentage of Federal matching to States with low per capita incomes, and a lower percentage of Federal matching to States with higher per capita incomes. Under the formula, if a State's per capita income is equal to the national average per capita income, the Federal share would be 55 percent. If a State's per capita income exceeds the national average, the Federal share is lower, with a statutory minimum of 50 percent. If a State's per capita income is lower than the national average, the Federal share is increased, up to a maximum of 83 percent; however, no State currently receives more than 77.55 percent.

The actual formula used in determining the State and Federal share is as follows.

$$\text{State share} = \frac{(\text{State per capita income})^2}{(\text{National per capita income})^2} \times 45 \text{ percent}$$

Federal share = 100 percent minus the State share (with a minimum of 50 percent and a maximum of 83 percent)

The formula provides for squaring both the State and national average per capita incomes; this procedure magnifies any differences between the State's income and the national average. Consequently, Federal matching to lower income States is increased, and Federal matching to higher income States is decreased. However, the statutory minimum of 50 percent eliminates much of the impact on higher income States.

Table 19 shows the Federal Medicaid Assistance Percentages in effect since enactment. It should be noted, however, that family planning services are Federally matched at a 90 percent rate in all States.

These percentages apply to medical vendor payments only. Administrative costs are generally matched by a 50 percent Federal contribution, with the following exceptions: the Federal government will match 90 percent of the costs of developing automated claims processing and management information systems, and 75 percent of the costs of operating such systems; costs of skilled nursing facility inspectors are matched at a 100 percent rate; and costs of professional medical personnel used in program administration are matched at a 75 percent rate. Costs of State Medicaid fraud and abuse control units located organizationally outside of the single State agency are also matched at the 90 percent rate.

TABLE 19.—FEDERAL MEDICAL ASSISTANCE PERCENTAGES

State	Promulgated for the periods—						
	Jan. 1, 1966— June 30, 1967	July 1, 1969— June 30, 1971	July 1, 1971— June 30, 1973	July 1, 1973— June 30, 1975	July 1, 1975— Sept. 30, 1977	Oct. 1, 1977— Sept. 30, 1979	Oct. 1, 1979— Sept. 30, 1981
Alabama	79.85	78.54	78.43	75.93	73.79	72.58	71.32
Alaska	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Arizona [1]	63.94	66.42	64.15	61.92	60.48	60.81	61.47
Arkansas	81.67	79.76	79.42	76.31	74.60	72.06	72.87
California	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Colorado	53.08	56.24	57.61	57.22	54.69	53.71	53.16
Connecticut	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Delaware	50.00	50.00	50.00	50.00	50.00	50.00	50.00
District of Columbia	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Florida	65.21	64.10	60.67	60.95	57.34	56.65	58.94
Georgia	74.91	71.48	69.67	66.96	66.10	65.82	66.76
Guam	55.00	50.00	50.00	50.00	50.00	50.00	50.00
Hawaii	52.97	50.75	50.83	50.00	50.00	50.00	50.00
Idaho	70.73	68.91	71.56	69.50	68.18	63.58	65.70
Illinois	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Indiana	55.77	52.85	55.05	57.01	57.47	57.86	57.28
Iowa	60.39	55.27	58.07	59.72	57.13	51.96	56.57
Kansas	61.45	57.78	59.06	55.37	54.02	52.35	53.52
Kentucky	76.70	74.30	73.49	72.12	71.37	69.71	68.07
Louisiana	76.41	73.57	73.49	72.80	72.41	70.45	68.82
Maine	69.57	68.33	69.43	70.03	70.60	69.74	69.53
Maryland	50.00	50.00	50.00	50.00	50.00	50.00	50.00
Massachusetts	50.00	50.00	50.00	50.00	50.00	51.62	51.75
Michigan	50.31	50.00	50.00	50.00	50.00	50.00	50.00
Minnesota	60.46	56.95	56.82	57.37	56.84	55.26	55.64
Mississippi	83.00	83.00	83.00	80.55	78.28	78.09	77.55
Missouri	53.90	59.29	59.53	59.94	58.98	60.66	60.36
Montana	62.86	64.72	67.16	66.08	63.21	61.10	64.28
Nebraska	60.39	57.25	58.48	57.86	55.59	53.46	57.62
Nevada	50.00	50.00	50.00	50.00	50.00	50.00	50.00
New Hampshire	61.31	59.18	59.36	62.05	60.28	62.85	61.11
New Jersey	50.00	50.00	50.00	50.00	50.00	50.00	50.00
New Mexico	70.73	71.48	72.63	72.01	73.29	71.84	69.03
New York	50.00	50.00	50.00	50.00	50.00	50.00	50.00
North Carolina	75.58	73.96	72.84	70.01	68.03	67.81	67.64
North Dakota	66.67	70.48	71.28	70.12	57.59	50.71	61.44
Ohio	52.33	52.42	53.65	53.59	53.39	55.46	55.10
Oklahoma	70.32	68.84	69.02	68.07	67.42	65.42	63.64
Oregon	54.12	56.35	57.39	59.40	59.04	57.29	55.66
Pennsylvania	54.38	54.60	55.45	55.14	55.39	55.11	55.14
Puerto Rico	55.00	50.00	50.00	50.00	50.00	50.00	50.00
Rhode Island	56.13	51.70	50.26	55.37	56.55	57.00	57.81
South Carolina	81.30	78.68	78.00	75.00	73.58	71.93	70.97
South Dakota	71.05	69.91	69.69	70.25	67.23	63.80	68.78
Tennessee	76.86	74.62	74.35	72.28	70.43	68.88	69.43
Texas	67.27	65.66	65.18	63.53	63.59	60.66	58.35
Utah	66.30	68.23	69.88	69.95	70.04	68.98	68.07
Vermont	68.44	64.96	64.71	65.38	69.82	68.02	68.40
Virgin Islands	55.00	50.00	50.00	50.00	50.00	50.00	50.00
Virginia	66.96	65.04	64.03	61.58	58.34	57.01	56.54
Washington	50.81	50.00	50.00	53.13	53.72	51.64	50.00
West Virginia	74.27	75.73	76.97	73.52	71.90	70.16	67.35
Wisconsin	57.60	55.21	56.28	60.02	59.91	58.53	57.95
Wyoming	55.47	60.38	62.73	60.99	60.94	53.44	50.00

[1] Not applicable; no Title XIX program in effect.
Source: MMB/HCFA/HEW.

III. Current Medicaid Data

The third section of the report (Tables 20-64) provides information on a State-by-State basis on current Medicaid programs—including their relative size and scope, expenditure patterns, average payments and eligibility levels.

A. MEDICAID EXPENDITURES COMPUTABLE FOR FEDERAL FUNDING, BY STATE

Table 20 details total Medicaid expenditures computable for Federal funding in each State, and shows the Federal and the State share of those expenditures.

Federal matching funds under Title XIX are available only for services included in the State plan that are within the scope of services covered by the Federal law and, more importantly, only for persons who fall within the categories of persons eligible for benefits (the aged, blind, disabled, children under 21, and adults in families with dependent children where one parent is absent, unemployed or incapacitated.) Only State (or State and local) expenditures for covered services for eligible persons may be used to claim Federal matching funds.

B. TOTAL FEDERAL, STATE, AND LOCAL MEDICAID EXPENDITURES, BY STATE

In actual operation of medical assistance programs, some States and localities also provide medical services to persons who are not covered under the terms of the Federal law; these expenditures may not be used to receive Federal matching funds. They may account, however, for a significant demand on the resources of county and local governments. Table 21 provides information on these expenditures. In this table, total expenditures for medical assistance, including expenditures for persons on general assistance programs and others who are not eligible for Medicaid under the Federal law, are shown; that is, both expenditures that are computable for Federal matching and those that are not. The Federal share of medical assistance funds is the same as in Table 20, since this represents the Federal share of the funds expended that are computable for Federal matching. In a number of instances, however, the total of the State and local expenditures exceeds the amounts shown in Table 20. It should be noted that when State Medicaid plans are reduced, whether

TABLE 20.—STATE-BY-STATE MEDICAID EXPENDITURES, FISCAL YEAR 1977 [4]

(in millions of dollars)

State	Total Medicaid Payments [1]	Federal Share [2]	State/Local Share [2]
Alabama	196.3	143.9	52.4
Alaska	19.1	10.5	8.6
Arizona	(3)	(3)	(3)
Arkansas	146.1	110.0	36.1
California	2,214.4	1,104.1	1,110.3
Colorado	121.7	65.5	56.2
Connecticut	203.2	107.3	95.9
Delaware	22.2	11.6	10.6
District of Columbia	119.5	60.0	59.5
Florida	236.2	133.4	102.8
Georgia	334.2	218.9	115.3
Guam	1.7	0.9	0.8
Hawaii	66.3	32.7	33.6
Idaho	33.6	23.6	10.0
Illinois	844.0	452.3	391.7
Indiana	237.8	135.0	102.8
Iowa	158.8	90.7	68.1
Kansas	142.5	81.4	61.1
Kentucky	185.2	136.2	49.0
Louisiana	218.9	167.7	51.2
Maine	88.9	67.2	21.7
Maryland	262.5	132.2	130.3
Massachusetts	781.4	385.0	396.4
Michigan	836.2	421.9	414.3
Minnesota	379.5	212.4	167.1
Mississippi	136.4	109.8	26.6
Missouri	180.1	109.2	70.9
Montana	42.6	26.9	15.7
Nebraska	68.1	40.2	27.9
Nevada	22.1	11.2	10.9
New Hampshire	45.9	27.5	18.4
New Jersey	472.7	236.3	236.4
New Mexico	47.4	34.6	12.8
New York	3,033.2	1,521.5	1,511.7
North Carolina	252.6	171.9	80.7
North Dakota	34.1	19.3	14.8
Ohio	530.4	296.6	233.8
Oklahoma	207.7	139.6	68.1
Oregon	136.7	85.6	51.1
Pennsylvania	887.2	513.8	373.4
Puerto Rico	66.7	27.4	39.3
Rhode Island	102.6	62.0	40.6
South Carolina	143.9	104.5	39.4
South Dakota	32.1	21.9	10.2
Tennessee	224.2	160.7	63.5
Texas	716.0	450.3	265.7
Utah	44.5	37.6	6.9
Vermont	44.3	31.9	12.4
Virgin Islands	1.6	1.4	0.2
Virginia	232.1	145.6	86.5
Washington	222.2	127.3	94.9
West Virginia	63.3	45.5	17.8
Wisconsin	505.4	312.3	193.1
Wyoming	8.4	5.1	3.3
Total	16,354.6	9,181.5	7,173.1

[1] Total includes only medical assistance payments that are computable for Federal matching. This total differs from the total reported in Table 21 because expenditures for persons or services not covered under Title XIX are not included. See explanation preceding Table 21.

[2] Federal and State/Local shares reflect actual expenditures. They differ from amounts calculatad using Federal medical assistance percentages because of corrections made for past overpayments and underpayments as well as other adjustments.

[3] No Title XIX program in effect.

[4] Source: "State Expenditures for the Medical Assistance Program," Fiscal Year 1977. See Technical Notes 1 and 5 in the Appendix.

TABLE 21.—FEDERAL, STATE AND LOCAL EXPENDITURES FOR MEDICAL ASSISTANCE, INCLUDING AMOUNTS NOT COMPUTABLE FOR FEDERAL MATCHING, FISCAL YEAR 1977 [6]

(in millions of dollars)

State	Total medical assistance payments [1]	Federal share	State share	Local share [3, 5]
Alabama	196.8	143.9	52.9	----------
Alaska	19.1	10.5	8.6	----------
Arizona	(2)	(2)	(2)	----------
Arkansas	150.5	110.0	40.5	----------
California	2,618.0	1,104.1	1,140.7	373.2
Colorado	122.0	65.5	56.5	----------
Connecticut	204.8	107.3	97.5	----------
Delaware	22.2	11.6	10.6	----------
District of Columbia	120.3	60.0	59.5	0.8
Florida	239.6	133.4	106.2	----------
Georgia	335.8	218.9	116.9	----------
Guam	1.8	0.9	0.0	1.0
Hawaii	79.7	32.7	47.0	----------
Idaho	33.6	23.6	10.0	----------
Illinois	888.4	452.3	436.1	----------
Indiana	239.3	135.0	104.3	----------
Iowa	160.5	90.7	69.8	----------
Kansas	164.5	81.4	83.1	----------
Kentucky	185.2	136.2	49.0	----------
Louisiana	220.3	167.7	52.6	----------
Maine	88.9	67.2	21.7	----------
Maryland	306.6	132.2	169.9	4.5
Massachusetts	781.4	385.0	396.4	----------
Michigan	836.2	421.9	414.3	----------
Minnesota	379.5	212.4	152.7	14.4
Mississippi	136.7	109.8	26.9	----------
Missouri	188.3	109.2	79.1	----------
Montana	42.9	26.9	16.0	----------
Nebraska	68.4	40.2	16.3	11.9
Nevada	23.3	11.2	9.8	2.3
New Hampshire	45.9	27.5	18.4	----------
New Jersey	481.1	236.3	244.8	(4)
New Mexico	47.5	34.6	12.9	----------
New York	3,286.2	1,521.5	1,196.3	568.4
North Carolina	259.1	171.9	75.1	12.1
North Dakota	34.1	19.3	14.4	0.4
Ohio	532.8	296.6	236.2	----------
Oklahoma	207.7	139.6	68.1	----------
Oregon	143.2	85.6	57.0	0.6
Pennsylvania	1,041.2	513.8	527.4	----------
Puerto Rico	94.8	27.4	37.5	29.9
Rhode Island	102.6	62.0	40.6	----------
South Carolina	146.7	104.5	42.2	----------
South Dakota	32.6	21.9	10.7	----------
Tennessee	224.2	160.7	63.5	----------
Texas	716.1	450.3	265.8	----------
Utah	44.9	37.6	7.1	0.2
Vermont	43.6	31.9	11.7	----------
Virgin Islands	1.9	1.4	0.0	0.8
Virginia	235.1	145.6	89.5	----------
Washington	242.8	127.3	115.5	----------
West Virginia	64.0	45.5	18.5	----------
Wisconsin	505.4	312.3	193.1	----------
Wyoming	8.5	5.1	3.4	----------
Total	17,396.7	9,181.5	7,194.7	1,020.5

[1] This total includes expenditures not computable for Federal matching which accounts for the difference between this total and the total reported in Table 20. Expenditures not computable for Federal matching include payments to provide medical assistance to (a) people who are financially eligible but not members of one of the eligible categories of persons covered under Title XIX (i.e., they are people between the ages of 21 and 65 who are not blind, disabled, or AFDC adults) or (b) people whose income exceeds the income standards established in the State plan or the maximum level allowed for the Medically Needy by Title XIX.

[2] No Title XIX program in effect.

[3] Local funding represents money collected from local taxes rather than Congressional appropriations.

[4] Required local contribution in New Jersey is applied to administrative cost of the program; no amount reported as medical assistance payments.

[5] Local share for Guam and Virgin Islands is disproportionately high in relation to total expenditures because the limit set by legislation on the allowable Federal share for these programs requires extensive Local funding in these jurisdictions. The Federal, State, and Local shares in these two cases do not add to the total because not all Local expenditures are included in the amount reported as total Medical Assistance Payments.

[6] Source: "State Expenditures for the Medical Assistance Program," Fiscal Year 1977. See Technical Notes 1 and 5 in the Appendix.

in terms of persons or services covered, expenditures are often shifted over, in some proportion, to local sources. It should be further noted that the actual fiscal burden on local governments may be considerably greater than is reported in Table 21, since a number of the costs on local governments are not reflected in the Medicaid data—increased demands on public hospitals and nursing homes, etc.

C. FORMULAS FOR LOCAL FUNDING OF MEDICAID

The non-Federal share of Medicaid expenditures can be financed entirely out of State funds, or can be jointly financed by the State and localities. However, Title XIX provides that State funds must account for not less than 40 percent of the non-Federal share. In addition, it specifies that since FY 1970, the State must either fund 100 percent of the non-Federal share, or provide for a distribution of funds "which will assure that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan."

A number of States still require some local contribution in financing the non-Federal share of Medicaid expenditures. Table 22 indicates the formulas by which various States which require some local contribution to the cost of Medicaid determine what the local share is.

Table 22.—Formulas for local funding of Title XIX; Medical Vendor Payments

(See Technical Note 17 in the Appendix for a discussion of local funding formulas and some variations between the formulas and the presence or absence of amounts reported as local shares in Table 21.)

California.—Local government funding is derived from the property tax. Rates are set by the comptroller each year, with affluent counties being assessed more than poorer ones. County shares range from $.05 to $.60 per $100.00 valuation.

Florida.—Counties contribute funding in two areas:

(1) When inpatient hospital care days exceed 12 per admission, counties pay 35 percent of non-Federal share for cost of care beyond 12 days.

(2) When nursing home vendor payments exceed $170 per month, counties pay 35 percent of the non-Federal share of that amount above $170, but not more than $55 per patient per month.

Minnesota.—As of October 1978, all non-Federal share was split 40.266 percent State and 4.474 percent local, excluding costs for State facilities for the mentally retarded.

Nebraska.—Counties pay 20 percent of total Medicaid costs.

Nevada.—Local funding is derived from the property tax. Accord-

ing to State law, $.11 up to $5.00 per $100.00 valuation goes into Medicaid funds.

New Hampshire.—There is local funding for services for the aged and disabled:

(1) For nursing home costs for the aged and disabled, legally liable units (i.e., cities, towns, or counties) pay 50 percent of the non-Federal share.

(2) For all other services for the aged and disabled, legally liable units pay $6 per month per old age recipient and $23 per month per APTD recipient.

New Jersey.—Counties pay 25 percent of total cost for EPSDT outreach programs and 10 percent of total cost for family planning. For these services, local funds constitute all non-Federal funds.

New York.—Counties pay 50 percent of non-Federal share.

North Carolina.—Counties pay 4.83 percent of State share except 11.27 percent for skilled nursing and intermediate care facilities (excluding intermediate care facilities for the mentally retarded).

North Dakota.—Counties pay 15 percent of State share.

Pennsylvania.—Counties paid total non-Federal share for Title XIX recipients in county nursing homes through FY 1976. The State is planning to take over these costs gradually, and will pay 90 percent of the non-Federal share in FY 1980.

South Dakota.—State law requires counties to pay $60.00 per month per public assistance and Medicaid recipient who has been admitted to State mental hospitals. Reimbursement for such hospital claims is reduced by $60.00 to reflect the State agency's share of the claims.

D. STATE MEDICAID EXPENDITURES, BY TYPE OF SERVICE

The distribution of expenditures for services varies substantially from State to State. Table 23 breaks out total Medicaid benefits for the major types of service in each State. Table 24 presents the same data in terms of the percentages of total expenditures in each State for the major types of service. Table 25 shows, on the other hand, the proportion of dollars spent for each service represented by the expenditures of each State.

E. EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) SERVICES PROVIDED TO MEDICAID CHILDREN

Each State's Medicaid program must provide that early periodic screening, diagnosis, and treatment (EPSDT) services are available to all eligibles under 21 years of age. The treatment services available

under EPSDT can be within the limits of the State's plan of covered services, with the exception that eyeglasses, hearing aids, other kinds of dental care necessary for the relief of pain and infection and for restoration of teeth must be provided, whether or not such services are included under the State plan.

A penalty can be imposed on any State not providing the required EPSDT services, amounting to a one-percent reduction in Federal share of matching funds under the State AFDC program.

Table 26 displays comparative data for EPSDT children under age 21 and under age six years for each State for FY 1977. Detailed are expected screenings, based upon each State's periodicity schedule and relevant national averages from AFDC demographic data [1] versus annualized reported screenings given during FY 1977. Health assessment percentage rates are then expressed as the ratio of screenings given to screenings expected and percentages of individuals screened with at least one suspected condition are indicated. The remainder of the table indicates the percentages of individuals screened with the specified conditions of vision, hearing, dental, lead poisoning, and other. These percentages are expected to exceed 100 percent since they are an expression of the number of conditions found in those "individuals screened with at least one condition."

The terms screening, diagnosis, and treatment are defined as follows:

Screening is the use of procedures to sort out apparently well persons from those who may have a disease or abnormality and to identify those in need of more definitive study of their physical or mental problems.

Diagnosis is the determination of the nature or cause of suspected physical or mental abnormality through the combined use of health histories, physical, developmental and psychological examinations, and laboratory tests and X-rays. Although, in some instances, diagnosis may be made at the time of screening, it will usually be necessary for the patient to visit an appropriate practitioner or medical facility for definitive evaluation.

Treatment means physician's or dentist's services, hospital services, or any other Medicaid services to prevent, correct or ameliorate disease or abnormalities detected by screening and diagnostic procedures.

F. RELATIVE SIZE OF STATE MEDICAID PROGRAMS

The largest States, especially New York and California, account for a disproportionate share of total Medicaid expenditures. New York

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[1] Findings of the 1973 AFDC Study. (SRS) 74-03767, AFDC-1 (73), January 1975.

accounts for 18.6 percent of all Medicaid expenditures, and California 13.5 percent, with the 10 largest State programs expending 66.2 percent of total program dollars. Tables 27 and 28 list the States in order of the size of the State programs.

TABLE 23.—TOTAL MEDICAID BENEFITS BY TYPE OF SERVICE, FISCAL YEAR 1977 [5, 6]

(in millions of dollars)

State	Total (Federal and State)	Inpatient hospital		Skilled nursing facility	Intermediate care facility		Physicians' services	Dental services	Other practitioners' services	Outpatient hospital	Clinic	Lab and X-ray	Home health services	Drugs	Family planning services	Other care
		General hospital	Mental hospital		Mentally retarded	Other										
Alabama	183.0	45.7	---	54.2	---	30.5	20.2	3.6	1.0	5.3	1.1	3.0	1.1	16.7	1.1	0.5
Alaska	19.3	2.0	0.5	2.6	6.2	5.6	1.3	0.4	0.1	0.3	0.4	(7)	(7)	---	0.1	0.2
Arizona [1]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Arkansas	1,998.8	648.7	95.2	11.7	15.6	50.9	12.5	3.2	0.3	1.7	1.6	2.7	0.1	14.1	0.2	1.6
California	12.5	3.2	0.5	422.8	---	22.8	297.2	77.0	36.4	111.4	12.7	67.1	1.8	135.3	42.9	27.5
Colorado	110.0	18.5	3.8	18.8	10.5	26.0	11.6	1.5	---	7.1	---	1.9	0.3	8.8	0.4	0.8
Connecticut	212.6	55.3	1.4	92.2	7.3	4.4	12.5	3.2	0.5	12.3	1.3	0.2	0.5	12.1	0.1	8.4
Delaware	23.9	7.1	1.0	0.3	0.9	6.7	3.7	(7)	0.1	1.9	0.2	0.3	0.1	1.5	0.2	(7)
District of Columbia	117.8	62.6	---	1.5	---	13.4	12.7	1.1	1.1	9.6	5.5	0.4	1.4	5.2	1.6	1.6
Florida	224.3	71.6	6.7	43.1	2.3	36.2	25.7	3.8	0.2	8.9	(7)	0.6	0.2	23.1	0.8	0.8
Georgia	319.3	79.4	---	52.6	26.9	64.3	34.7	7.6	0.3	14.8	0.3	0.3	0.5	29.4	2.0	6.2
Guam [2]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Hawaii	74.2	15.8	---	15.8	---	8.8	13.5	7.4	0.7	2.9	---	2.3	0.2	4.7	1.3	0.8
Idaho	32.2	5.3	---	4.9	5.4	8.3	3.6	0.7	0.2	1.1	0.3	0.2	0.1	1.7	0.2	0.5
Illinois	918.7	361.5	12.0	68.6	23.3	157.5	95.4	27.1	12.4	37.3	28.6	7.0	1.4	66.4	6.0	14.3
Indiana	233.7	49.0	1.2	29.1	---	93.0	21.0	3.2	1.2	8.7	0.5	0.7	1.2	19.5	0.8	4.7
Iowa	157.4	27.3	---	0.7	23.1	69.6	12.9	5.5	2.0	4.3	0.1	0.1	0.1	9.0	1.3	1.2
Kansas	161.6	43.6	4.8	2.9	18.2	40.7	17.6	6.2	2.1	5.5	2.2	3.6	0.1	11.3	1.3	1.5
Kentucky	184.1	51.6	1.8	23.7	11.5	36.8	24.3	5.8	0.8	7.5	3.5	0.1	1.8	12.0	1.1	1.8
Louisiana	228.1	50.9	0.6	4.2	35.1	76.8	16.7	0.1	(7)	5.6	3.3	3.1	0.4	29.4	0.5	1.0
Maine	85.1	21.1	---	1.9	---	36.8	11.5	1.6	---	4.1	---	---	0.6	6.2	0.5	0.7
Maryland	235.2	99.4	---	32.7	2.5	31.6	18.5	4.6	---	24.3	---	---	0.5	14.1	3.6	3.4
Massachusetts	707.7	255.5	19.0	91.8	64.9	114.5	42.2	17.9	6.1	40.1	8.1	3.2	6.8	26.8	2.2	8.6
Michigan	792.3	217.3	52.2	144.2	40.8	97.8	104.2	20.1	6.8	38.4	0.7	9.2	0.9	46.6	8.6	4.4
Minnesota	373.6	63.9	4.7	88.4	63.2	75.3	27.7	10.0	3.1	9.1	0.5	0.2	1.3	17.0	1.6	7.5

Mississippi	126.6	33.1	---	39.1	2.2	7.3	15.9	3.0	0.5	4.1	---	0.2	0.2	19.6	0.8	0.3
Missouri	180.9	56.8	3.4	4.0	23.1	42.4	19.3	6.0	0.7	5.6	---	0.1	0.2	17.7	1.5	0.3
Montana	41.9	7.7	0.3	6.6	0.6	14.1	5.0	1.5	1.0	1.1	1.0	(7)	0.2	2.2	0.2	1.3
Nebraska	72.4	14.7	0.5	3.2	8.4	28.4	4.3	1.4	0.7	1.8	0.9	1.2	0.3	5.6	0.4	0.6
Nevada	20.5	6.8	(7)	5.5	---	2.9	2.8	0.3	0.1	0.7	(7)	(7)	0.1	1.0	---	0.2
New Hampshire	43.5	8.5	(7)	0.9	2.8	20.6	3.9	0.8	0.5	1.4	0.3	0.1	0.4	2.7	0.1	0.6
New Jersey	463.7	113.4	44.5	7.6	---	141.9	50.4	19.4	2.7	35.5	3.4	1.7	2.4	29.6	4.1	7.3
New Mexico	45.8	15.0	---	0.2	2.3	9.8	6.5	1.5	0.7	1.9	0.9	1.1	0.2	4.2	0.4	0.9
New York	3,285.8	903.5	212.6	788.7	180.4	306.0	137.6	54.4	25.7	313.4	43.5	12.7	145.7	103.2	15.6	42.8
North Carolina	270.9	86.5	13.8	37.6	18.9	40.3	22.1	10.1	2.3	5.4	2.9	0.8	0.7	26.3	2.3	1.1
North Dakota	32.3	6.1	1.5	10.7	---	5.8	2.4	1.2	0.6	0.4	---	0.6	(7)	2.2	0.1	0.1
Ohio	523.3	160.1	10.3	112.8	22.5	59.5	53.7	10.8	6.8	37.0	3.3	1.3	0.9	38.4	1.4	4.7
Oklahoma	203.2	52.2	---	0.1	22.9	88.2	19.5	2.2	0.2	0.5	---	2.0	---	5.7	0.3	9.4
Oregon	132.6	25.9	3.5	2.5	22.7	37.1	16.5	4.1	0.7	4.9	---	2.4	0.1	6.0	2.0	4.0
Pennsylvania	1,001.9	318.9	---	290.3	126.2	65.4	53.3	18.1	6.0	0.2	42.1	7.9	1.8	60.7	0.4	10.5
Puerto Rico	94.8	34.8	---	---	---	---	21.4	1.1	---	---	---	4.2	---	23.3	---	9.9
Rhode Island	108.5	40.6	3.7	10.7	15.6	17.5	4.7	2.6	0.3	4.5	---	0.3	0.2	6.4	0.5	1.1
South Carolina	140.5	34.2	5.8	34.1	5.5	16.5	16.1	3.7	0.6	5.7	---	2.0	0.5	11.9	1.8	2.1
South Dakota	31.4	5.3	---	4.7	4.2	11.8	2.7	0.4	0.3	0.5	---	---	(7)	1.2	0.1	0.2
Tennessee	216.9	45.6	0.2	1.2	21.4	82.1	23.7	3.1	---	9.6	1.1	0.1	0.4	26.5	0.6	1.3
Texas	618.5	111.1	---	30.3	46.7	283.7	61.1	3.2	3.7	12.2	---	9.6	0.7	48.7	2.5	5.1
Utah	49.5	10.5	1.2	7.6	6.2	10.1	3.5	2.1	0.6	1.6	1.7	0.1	0.1	3.0	0.2	1.2
Vermont	40.7	8.7	2.8	1.3	2.2	13.1	5.4	1.1	0.2	1.5	(7)	0.5	0.5	2.9	0.5	0.2
Virgin Islands	2.9	0.9	---	---	---	---	0.1	(7)	---	0.9	---	(7)	(7)	0.2	(7)	0.1
Virginia	245.0	60.1	10.3	6.9	32.5	68.5	26.4	4.2	1.7	12.7	1.4	0.2	0.8	15.0	1.4	2.8
Washington	216.2	50.1	3.1	66.8	3.0	15.7	28.0	13.2	---	6.9	6.7	0.4	0.8	13.3	2.0	6.1
West Virginia	61.1	27.6	---	0.2	---	12.9	7.4	1.4	2.0	---	---	---	---	7.1	0.1	2.4
Wisconsin	485.3	77.6	9.1	124.0	46.1	97.4	46.1	16.4	13.7	17.9	0.1	0.2	0.6	22.3	2.4	11.3
Wyoming	8.4	1.9	---	1.9	---	3.0	1.0	0.2	0.1	0.2	---	(7)	(7)	---	0.1	(7)
Total [3,4]	16,300.0	4,596.9	531.4	2,808.3	973.8	2,610.4	1,503.0	399.6	147.9	850.5	178.1	156.1	179.5	1,018.2	120.0	226.3

[1] No Title XIX program in effect.
[2] Omitted due to incomplete reporting.
[3] Totals may vary from other tables due to differing reporting systems. See Technical Notes 1, 2, 3, 4, and 5 in the Appendix.
[4] Columns may not add to totals due to rounding.
[5] Source: "Medicaid Statistics", Fiscal Year 1977. See Technical Notes 2 and 5 in the Appendix.
[6] Expenditures include amounts for other adult recipients, aged 21-64. See Technical Note 8.
[7] Values are less than $50,000 and therefore did not round to a value (0.1 million) high enough to print.

TABLE 24.—PERCENTAGE DISTRIBUTION OF MEDICAL VENDOR PAYMENTS BY TYPE OF SERVICE [4, 5, 6] BY STATE, FISCAL YEAR 1977

State	Total (Federal and State) [1]	Inpatient hospital		Skilled nursing facility	Intermediate care facility		Physicians' services	Dental services	Other practitioners' services	Outpatient hospital	Clinic	Lab and X-ray	Home health services	Drugs	Family planning services	Other care
		General hospital	Mental hospital		Mentally retarded	Other										
Alabama	100.0	25.0	---	29.6	---	16.7	11.1	2.0	0.6	2.9	(7)	1.6	0.6	9.1	0.6	0.3
Alaska	100.0	10.2	2.5	13.5	32.0	28.7	7.1	2.1	0.5	1.7	0.2	0.1	0.1	---	0.5	1.0
Arizona [2]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Arkansas	100.0	18.1	(7)	8.2	11.0	35.9	8.8	2.2	0.2	1.2	1.2	1.9	0.1	9.9	0.1	1.1
California	100.0	32.5	4.8	21.2	---	1.1	14.9	3.8	1.8	5.6	0.6	3.4	0.1	6.8	2.1	1.4
Colorado	100.0	16.9	3.4	17.0	9.6	23.7	10.6	1.4	---	6.5	---	1.7	0.2	8.0	0.3	0.7
Connecticut	100.0	26.0	0.7	43.4	3.4	2.1	6.2	1.5	0.2	5.8	0.6	0.1	0.3	5.7	(7)	4.0
Delaware	100.0	29.8	4.1	1.2	3.8	27.9	15.3	0.2	0.5	7.8	0.8	1.1	0.4	6.3	0.7	(7)
District of Columbia	100.0	53.2	---	1.3	---	11.4	10.8	1.0	0.9	8.2	4.7	0.3	1.1	4.4	1.3	1.4
Florida	100.0	31.9	3.0	19.2	1.0	16.2	11.5	1.7	0.1	4.0	(7)	0.3	0.1	10.3	0.4	0.4
Georgia	100.0	24.9	---	16.5	8.4	20.1	10.9	2.4	0.1	4.6	0.1	0.1	0.2	9.2	0.6	1.9
Guam [3]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Hawaii	100.0	21.3	---	21.3	---	11.8	18.2	10.0	1.0	3.9	---	3.1	0.3	6.4	1.7	1.1
Idaho	100.0	16.4	---	15.4	16.6	25.7	11.3	2.1	0.5	3.3	0.9	0.5	0.2	5.2	0.5	1.4
Illinois	100.0	39.3	1.3	7.5	2.5	17.1	10.4	2.9	1.4	4.1	3.1	0.8	0.2	7.2	0.7	1.6
Indiana	100.0	21.0	0.5	12.4	---	39.8	9.0	1.4	0.5	3.7	0.2	0.3	0.5	8.4	0.3	2.0
Iowa	100.0	17.4	---	0.4	14.7	44.2	8.2	3.5	1.3	2.8	0.1	0.1	0.1	5.7	0.8	0.8
Kansas	100.0	27.0	2.9	1.8	11.2	25.2	10.9	3.8	1.3	3.4	1.4	2.2	0.1	7.0	0.8	0.9
Kentucky	100.0	28.0	1.0	12.9	6.2	20.0	13.2	3.1	0.5	4.1	1.9	0.1	1.0	6.5	0.6	1.0
Louisiana	100.0	22.3	0.3	1.8	15.4	33.7	7.3	0.3	(7)	2.4	1.4	1.4	0.2	12.9	0.2	0.4
Maine	100.0	24.8	---	2.2	---	43.3	13.5	1.9	---	4.8	---	---	0.7	7.2	0.6	0.9
Maryland	100.0	42.3	---	13.9	1.1	13.4	7.9	2.0	---	10.3	---	---	0.2	6.0	1.5	1.4
Massachusetts	100.0	36.1	2.7	13.0	9.2	16.2	6.0	2.5	0.9	5.7	1.1	0.4	1.0	3.8	0.3	1.2
Michigan	100.0	27.4	6.6	18.2	5.2	12.3	13.2	2.5	0.9	4.8	0.1	1.2	0.1	5.9	1.1	0.6
Minnesota	100.0	17.1	1.3	23.7	16.9	20.2	7.4	2.7	0.8	2.4	0.1	0.1	0.4	4.6	0.4	2.0

Mississippi	100.0	26.2	---	30.9	1.7	5.8	12.6	2.4	0.4	3.3	---	0.2	0.2	15.5	0.7	0.2
Missouri	100.0	31.4	1.9	2.2	12.8	23.5	10.6	3.3	0.4	3.1	---	0.1	0.1	9.8	0.8	0.1
Montana	100.0	18.4	0.7	15.8	1.4	33.8	12.0	3.5	2.5	2.4	---	0.1	0.4	5.3	0.5	3.2
Nebraska	100.0	20.3	0.7	4.4	11.6	39.3	5.9	2.0	0.9	2.4	1.3	1.6	0.4	7.8	0.5	0.8
Nevada	100.0	33.3	(7)	27.0	---	14.0	13.6	1.5	0.5	3.5	0.1	0.2	0.4	4.9	---	1.0
New Hampshire	100.0	19.5	(7)	2.2	6.3	47.3	9.0	1.8	1.1	3.1	0.6	0.2	1.0	6.3	0.1	1.5
New Jersey	100.0	24.4	9.6	1.6	---	30.6	10.9	4.2	0.6	7.7	0.7	0.4	0.5	6.4	0.9	1.6
New Mexico	100.0	32.9	---	0.5	5.0	21.5	14.3	3.4	1.5	4.1	2.0	2.5	0.4	9.1	0.9	2.0
New York	100.0	27.5	6.5	24.0	5.5	9.3	4.2	1.7	0.8	9.5	1.3	0.4	4.4	3.1	0.5	1.3
North Carolina	100.0	31.9	5.1	13.9	7.0	14.9	8.2	3.7	0.8	2.0	1.1	0.3	0.3	9.7	0.8	0.4
North Dakota	100.0	18.8	4.6	33.2	---	18.1	7.5	3.8	1.9	1.3	---	2.0	0.1	6.9	0.3	1.6
Ohio	100.0	30.6	2.0	21.5	4.3	11.4	10.3	2.1	1.3	7.1	0.6	0.3	0.2	7.3	0.3	0.9
Oklahoma	100.0	25.7	---	(7)	11.2	43.4	9.6	1.1	0.1	0.2	---	1.0	---	2.8	0.1	4.6
Oregon	100.0	19.5	2.6	1.9	17.1	28.0	12.5	3.1	0.6	3.7	---	1.8	0.1	4.6	1.5	3.0
Pennsylvania	100.0	31.8	---	29.0	12.6	6.5	5.3	1.8	0.6	(7)	4.2	0.8	0.2	6.1	(7)	1.0
Puerto Rico	100.0	36.7	---	---	---	---	22.6	1.2	---	---	---	4.4	---	24.5	---	10.5
Rhode Island	100.0	37.4	3.4	9.9	14.4	16.1	4.4	2.4	0.3	4.1	---	0.3	0.2	5.9	0.5	0.9
South Carolina	100.0	24.4	4.1	24.3	3.9	11.7	11.5	2.6	0.4	4.1	---	1.4	0.4	8.4	1.3	1.5
South Dakota	100.0	17.0	---	15.1	13.2	37.6	8.7	1.2	0.8	1.6	---	---	(7)	3.8	0.2	0.8
Tennessee	100.0	21.0	0.1	0.5	9.9	37.8	10.9	1.4	---	4.4	0.5	0.1	0.2	12.2	0.3	0.6
Texas	100.0	17.9	---	4.9	7.5	45.9	9.9	0.5	0.6	2.0	---	1.6	0.1	7.9	0.4	0.8
Utah	100.0	21.3	2.5	15.4	12.6	20.2	7.0	4.2	1.1	3.2	3.4	0.2	0.2	6.0	0.3	2.3
Vermont	100.0	21.4	6.8	3.2	5.3	31.8	13.3	2.7	0.4	3.7	(7)	1.2	1.2	7.2	1.3	0.5
Virgin Islands	100.0	39.6	---	---	---	---	2.4	0.6	---	40.4	---	(7)	0.3	10.5	0.1	6.0
Virginia	100.0	24.5	4.2	2.8	13.3	28.0	10.8	1.7	0.7	5.2	0.6	0.1	0.3	6.1	0.6	1.1
Washington	100.0	23.2	1.4	30.9	1.4	7.3	13.0	6.1	---	3.2	3.1	0.2	0.4	6.2	0.9	2.8
West Virginia	100.0	45.3	---	0.3	---	21.1	12.1	2.3	3.3	---	---	---	---	11.6	0.2	4.0
Wisconsin	100.0	16.0	1.9	25.6	9.5	20.1	9.5	3.4	2.8	3.7	(7)	(7)	0.1	4.6	0.5	2.3
Wyoming	100.0	22.2	---	22.8	---	35.5	12.2	2.5	0.8	2.9	---	0.1	0.2	---	0.7	(7)
Total	100.0	28.2	3.3	17.2	6.0	16.0	9.2	2.5	0.9	5.2	1.1	1.0	1.1	6.2	0.7	1.4

[1] Columns may not add to total due to rounding.
[2] No Title XIX program in effect.
[3] Omitted due to incomplete reporting.
[4] Source: "Medicaid Statistics," Fiscal Year 1977. See Technical Notes 2 and 5 in Appendix.
[5] Table 24 directly relates to Table 23.
[6] Other adults, aged 21-64, included. See Technical Note 8 in Appendix.
[7] Value less than 0.05 percent.

TABLE 25.—PERCENTAGE DISTRIBUTION AMONG STATES, MEDICAID BENEFITS BY TYPE OF SERVICE,[4, 5, 6]
FISCAL YEAR 1977

State	Total (Federal and State)	Inpatient hospital		Intermediate care facility			Physicians' services	Dental services	Other practitioners' services	Outpatient hospital	Clinic	Lab and X-ray	Home health services	Drugs	Family planning services	Other care
		General hospital	Mental hospital	Skilled nursing facility	Mentally retarded	Other										
Alabama	1.1	1.0	---	1.9	---	1.2	1.3	0.9	0.7	0.6	(7)	1.9	0.6	1.6	0.9	0.2
Alaska	0.1	(7)	0.1	0.1	0.6	0.2	0.1	0.1	0.1	(7)	(7)	(7)	(7)	---	0.1	0.1
Arizona [1]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Arkansas	0.9	0.6	(7)	0.4	1.6	2.0	0.8	0.8	0.2	0.2	0.9	1.7	(7)	1.4	0.1	0.7
California	12.3	14.1	17.9	15.0	---	0.9	19.8	19.2	24.6	13.1	7.1	43.0	1.0	13.3	35.7	12.1
Colorado	0.7	0.4	0.7	0.7	1.1	1.0	0.8	0.4	---	0.8	---	1.2	0.1	0.9	0.3	0.5
Connecticut	1.3	1.2	0.3	3.3	0.7	0.2	0.9	0.8	0.4	1.5	0.7	0.2	0.3	1.2	0.1	3.7
Delaware	0.1	0.2	0.2	(7)	0.1	0.3	0.2	(7)	0.1	0.2	0.1	0.2	0.1	0.1	0.1	(7)
District of Columbia	0.7	1.4	---	0.1	--	0.5	0.8	0.3	0.7	1.1	3.1	0.2	0.7	0.5	1.3	0.7
Florida	1.4	1.6	1.3	1.5	0.2	1.4	1.7	0.9	0.1	1.1	(7)	0.4	0.1	2.3	0.7	0.4
Georgia	2.0	1.7	---	1.9	2.8	2.5	2.3	1.9	0.2	1.7	0.2	0.2	0.3	2.9	1.7	2.7
Guam [2]	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
Hawaii	0.5	0.3	---	0.6	---	0.3	0.9	1.9	0.5	0.3	---	1.5	0.1	0.5	1.1	0.4
Idaho	0.2	0.1	---	0.2	0.6	0.3	0.2	0.2	0.1	0.1	0.2	0.1	(7)	0.2	0.1	0.2
Illinois	5.6	7.9	2.3	2.4	2.4	6.0	6.3	6.8	8.4	4.4	16.1	4.5	0.8	6.5	5.0	6.3
Indiana	1.4	1.1	0.2	1.0	---	3.6	1.4	0.8	0.8	1.0	0.3	0.4	0.7	1.9	0.7	2.1
Iowa	1.0	0.6	---	(7)	2.4	2.7	0.9	1.4	1.4	0.5	0.1	0.1	0.1	0.9	1.1	0.5
Kansas	1.0	1.9	0.9	0.1	1.9	1.6	1.2	1.5	1.4	0.7	1.2	2.3	0.1	1.1	1.1	0.7
Kentucky	1.1	1.1	0.3	0.8	1.2	1.4	1.6	1.4	0.6	0.9	1.9	0.1	1.0	1.2	0.9	0.8
Louisiana	1.4	1.1	0.1	0.2	3.6	2.9	1.1	0.2	(7)	0.7	1.9	2.0	0.2	2.9	0.4	0.4
Maine	0.5	0.5	---	0.1	---	1.4	0.8	0.4	---	0.5	---	---	0.3	0.6	0.5	0.4
Maryland	1.4	2.2	---	1.2	0.3	1.2	1.2	1.2	---	2.9	---	---	0.3	1.4	3.0	1.5
Massachusetts	4.3	5.6	3.6	3.3	6.7	4.4	2.8	4.5	4.1	4.7	4.6	2.0	3.8	2.6	1.8	3.8
Michigan	4.9	4.7	9.8	5.1	4.2	3.7	6.9	5.0	4.6	4.5	0.4	5.9	0.5	4.6	7.2	1.9
Minnesota	2.3	1.4	0.9	3.1	6.5	2.9	1.8	2.5	2.1	1.1	0.3	0.1	0.7	1.7	1.4	3.3

Mississippi	0.8	0.7	---	1.4	0.2	0.3	1.1	0.8	0.3	0.5	---	0.2	0.1	1.9	0.7	0.1
Missouri	1.1	1.2	0.6	0.1	2.4	1.6	1.3	1.5	0.5	0.7	---	0.1	0.1	1.7	1.2	0.1
Montana	0.3	0.2	0.1	0.2	0.1	0.5	0.3	0.4	0.7	0.1	---	(7)	0.1	0.2	0.2	0.6
Nebraska	0.4	0.3	0.1	0.1	0.9	1.1	0.3	0.4	0.5	0.2	0.5	0.8	0.2	0.6	0.3	0.3
Nevada	0.1	0.1	(7)	0.2	---	0.1	0.2	0.1	0.1	0.1	(7)	(7)	0.1	0.1	---	0.1
New Hampshire	0.3	0.2	(7)	(7)	0.3	0.8	0.3	0.2	0.3	0.2	0.2	0.1	0.2	0.3	(7)	0.3
New Jersey	2.8	2.5	8.4	0.3	---	5.4	3.3	4.8	1.8	4.2	1.9	1.1	1.3	2.9	3.4	3.2
New Mexico	0.3	0.3	---	(7)	0.2	0.4	0.4	0.4	0.4	0.2	0.5	0.7	0.1	0.4	0.3	0.4
New York	20.2	19.7	40.0	28.1	18.5	11.7	9.2	13.6	17.4	36.8	24.4	8.1	81.2	10.1	13.0	18.9
North Carolina	1.7	1.9	2.6	1.3	1.9	1.5	1.5	2.5	1.5	0.6	1.6	0.5	0.4	2.6	1.9	0.5
North Dakota	0.2	0.1	0.3	0.4	---	0.2	0.2	0.3	0.4	0.1	---	0.4	(7)	0.2	0.1	0.2
Ohio	3.2	3.5	1.9	4.0	2.3	2.3	3.6	2.7	4.6	4.3	1.9	0.8	0.5	3.8	1.2	2.1
Oklahoma	1.2	1.1	---	(7)	2.3	3.4	1.3	0.5	0.2	0.1	---	1.3	---	0.6	0.2	4.2
Oregon	0.8	0.6	0.7	0.1	2.3	1.4	1.1	1.0	0.5	0.6	---	1.5	0.1	0.6	1.7	1.8
Pennsylvania	6.1	6.9	---	10.3	13.0	2.5	3.5	4.5	4.1	(7)	23.7	5.1	1.0	6.0	0.4	4.6
Puerto Rico	0.6	0.8	---	---	---	---	1.4	0.3	---	---	---	2.7	---	2.3	---	4.4
Rhode Island	0.7	0.9	0.7	0.4	1.6	0.7	0.3	0.7	0.2	0.5	---	0.2	0.1	0.6	0.4	0.4
South Carolina	0.9	0.7	1.1	1.2	0.6	0.6	1.1	0.9	0.4	0.7	---	1.3	0.3	1.2	1.5	1.0
South Dakota	0.2	0.1	---	0.2	0.4	0.5	0.2	0.1	0.2	0.1	---	---	(7)	0.1	0.1	0.1
Tennessee	1.3	1.0	(7)	(7)	2.2	3.1	1.6	0.8	---	1.1	0.6	0.1	0.2	2.6	0.5	0.6
Texas	3.8	2.4	---	1.1	4.8	10.9	4.1	0.8	2.5	1.4	---	6.2	0.4	4.8	2.1	2.2
Utah	0.3	0.2	0.2	0.3	0.6	0.4	0.2	0.5	0.4	0.2	0.9	0.1	0.1	0.3	0.1	0.5
Vermont	0.2	0.2	0.5	0.1	0.2	0.5	0.4	0.3	0.1	0.2	(7)	0.3	0.3	0.3	0.4	0.1
Virgin Islands	(7)	(7)	---	---	---	---	(7)	(7)	---	0.1	--	(7)	(7)	(7)	(7)	0.1
Virginia	1.5	1.3	1.9	0.3	3.3	2.6	1.8	1.1	1.2	1.5	0.8	0.1	0.5	1.5	1.2	1.2
Washington	1.3	1.1	0.6	2.4	0.3	0.6	1.9	3.3	---	0.8	3.8	0.2	0.5	1.3	1.6	2.7
West Virginia	0.4	0.6	---	(7)	---	0.5	0.5	0.3	1.4	---	---	---	---	0.7	0.1	1.1
Wisconsin	3.0	1.7	1.7	4.4	4.7	3.7	3.1	4.1	9.2	2.1	0.1	0.1	0.4	2.2	2.0	5.0
Wyoming	0.1	(7)	---	0.1	---	0.1	0.1	(7)	---	(7)	---	(7)	(7)	---	0.1	(7)
Total [3]	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

[1] No Title XIX program.
[2] Omitted due to incomplete reporting.
[3] Columns may not add to totals due to rounding.
[4] Source: "Medicaid Statistics," Fiscal Year 1977. See Technical Notes 2 and 5 in Appendix.
[5] Table 25 directly relates to Table 23.
[6] Other adults, aged 21-64, included. See Technical Note 8 in Appendix.
[7] Value less than 0.05 percent.

TABLE 26.—EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT SERVICES PROVIDED TO MEDICAID CHILDREN, BY STATE, FISCAL YEAR 1978 [4]

State	Number of Screenings (in thousands)		Percentage of Individuals Screened with at least one Condition		Percentage of Individuals Screened with Specified Conditions				
	Total Individuals under age 21	Individuals under age 6	Total Individuals under age 21	Individuals under age 6	Vision	Hearing	Dental	Lead Poisoning	Other
Alabama	47.5	16.3	79.3	67.0	5.5	1.1	60.1	1.3	32.7
Alaska	5.3	2.6	60.0	55.3	16.0	11.5	28.4	---	51.9
Arizona	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
Arkansas	26.2	13.1	43.9	36.9	4.9	1.6	20.1	(3)	34.4
California	125.0	85.3	80.0	82.1	2.4	1.4	5.8	(3)	37.7
Colorado	36.1	21.7	37.4	26.7	11.2	1.3	8.2	0.1	26.5
Connecticut	37.3	25.3	60.6	62.0	2.2	2.1	3.9	3.5	60.6
Delaware	2.4	1.3	14.0	7.1	3.5	0.7	9.2	(3)	1.8
District of Columbia	4.5	2.9	43.4	41.7	4.2	1.5	13.0	0.9	33.8
Florida	69.8	33.5	70.5	62.0	8.6	3.1	44.2	(3)	10.5
Georgia	77.5	40.7	79.6	64.7	12.3	3.8	57.6	(3)	50.0
Guam	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
Hawaii	8.4	4.3	42.3	41.9	3.1	4.1	15.1	---	19.0
Idaho	13.3	7.2	26.9	25.3	3.1	2.5	9.0	(3)	16.6
Illinois	111.4	74.7	20.8	12.1	0.3	0.9	17.3	---	7.3
Indiana	65.0	14.1	(2)	(2)	28.1	5.2	55.4	(3)	12.2
Iowa	21.5	8.6	18.6	18.7	1.5	0.5	4.1	(3)	14.4
Kansas	10.6	4.6	38.5	32.8	5.5	3.7	14.2	0.1	21.8
Kentucky	31.8	11.6	67.8	62.4	10.0	5.9	31.6	0.1	47.3
Louisiana	47.4	23.6	60.8	44.7	34.0	2.8	6.8	0.2	34.9
Maine	13.5	5.2	8.3	8.9	0.4	0.3	---	0.3	7.2
Maryland	22.5	11.6	61.2	56.0	6.8	3.2	16.5	1.1	24.2
Massachusetts	127.3	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
Michigan	106.7	43.9	49.5	43.6	9.6	4.3	21.3	1.9	32.0
Minnesota	16.5	7.8	44.1	51.1	4.8	3.8	8.3	0.1	38.7

Mississippi	70.6	20.1	92.3	74.2	14.6	1.2	90.1	---	2.1
Missouri	31.6	11.5	38.8	37.6	7.4	4.9	8.6	0.3	32.9
Montana	1.8	1.2	59.4	60.6	5.5	2.6	15.9	0.1	50.1
Nebraska	10.2	4.6	32.4	29.2	7.5	2.4	6.9	(3)	19.6
Nevada	3.9	1.6	83.6	67.8	22.3	3.9	65.2	---	46.7
New Hampshire	4.6	2.7	42.5	33.4	5.9	1.8	35.3	0.3	21.7
New Jersey	41.6	17.1	35.1	29.5	2.7	0.9	4.3	0.3	28.5
New Mexico	9.3	3.8	44.0	28.6	10.6	1.5	25.1	---	15.2
New York	138.5	84.5	26.8	21.6	2.5	1.1	7.4	0.4	25.3
North Carolina	69.2	38.3	45.5	27.6	(2)	(2)	(2)	(2)	(2)
North Dakota	2.9	1.3	89.8	84.8	32.5	31.3	63.7	---	68.0
Ohio	48.1	16.4	60.0	60.0	(2)	(2)	(2)	(2)	(2)
Oklahoma	11.5	4.2	49.0	42.2	8.6	2.2	13.3	0.2	24.6
Oregon	34.7	19.0	75.7	73.3	12.2	3.5	23.7	(3)	72.6
Pennsylvania	181.7	89.0	61.9	45.1	7.2	1.6	11.8	0.4	26.7
Puerto Rico	20.9	10.6	73.9	73.7	4.1	1.4	19.8	---	55.7
Rhode Island	14.7	8.6	15.4	14.2	0.4	0.1	0.7	0.1	14.2
South Carolina	25.0	8.2	74.3	57.9	13.5	7.3	51.1	0.1	36.3
South Dakota	4.6	2.7	9.8	4.8	3.4	0.4	2.1	---	3.9
Tennessee	55.0	20.6	71.4	45.4	28.6	2.1	53.4	(3)	19.9
Texas	100.2	37.0	36.0	29.4	10.0	2.6	---	0.2	35.9
Utah	4.8	2.8	20.5	18.1	3.1	1.2	3.6	---	16.5
Vermont	11.0	6.9	3.8	3.6	0.1	0.2	---	---	1.3
Virgin Islands	2.7	1.8	69.5	63.4	1.0	0.8	2.8	---	64.0
Virginia	33.7	17.6	28.3	21.5	4.4	1.3	8.5	0.1	4.2
Washington	44.9	28.6	47.1	46.5	1.0	1.6	1.5	(3)	30.3
West Virginia	21.1	10.8	45.9	34.8	8.5	4.0	22.9	(3)	44.4
Wisconsin	19.9	8.6	52.8	50.1	8.7	3.0	25.8	2.2	43.1
Wyoming	1.1	0.6	44.0	46.0	3.0	1.6	5.6	---	35.0
Total	2,047	940.6	48.0	43.3	7.6	2.1	19.7	0.3	24.8

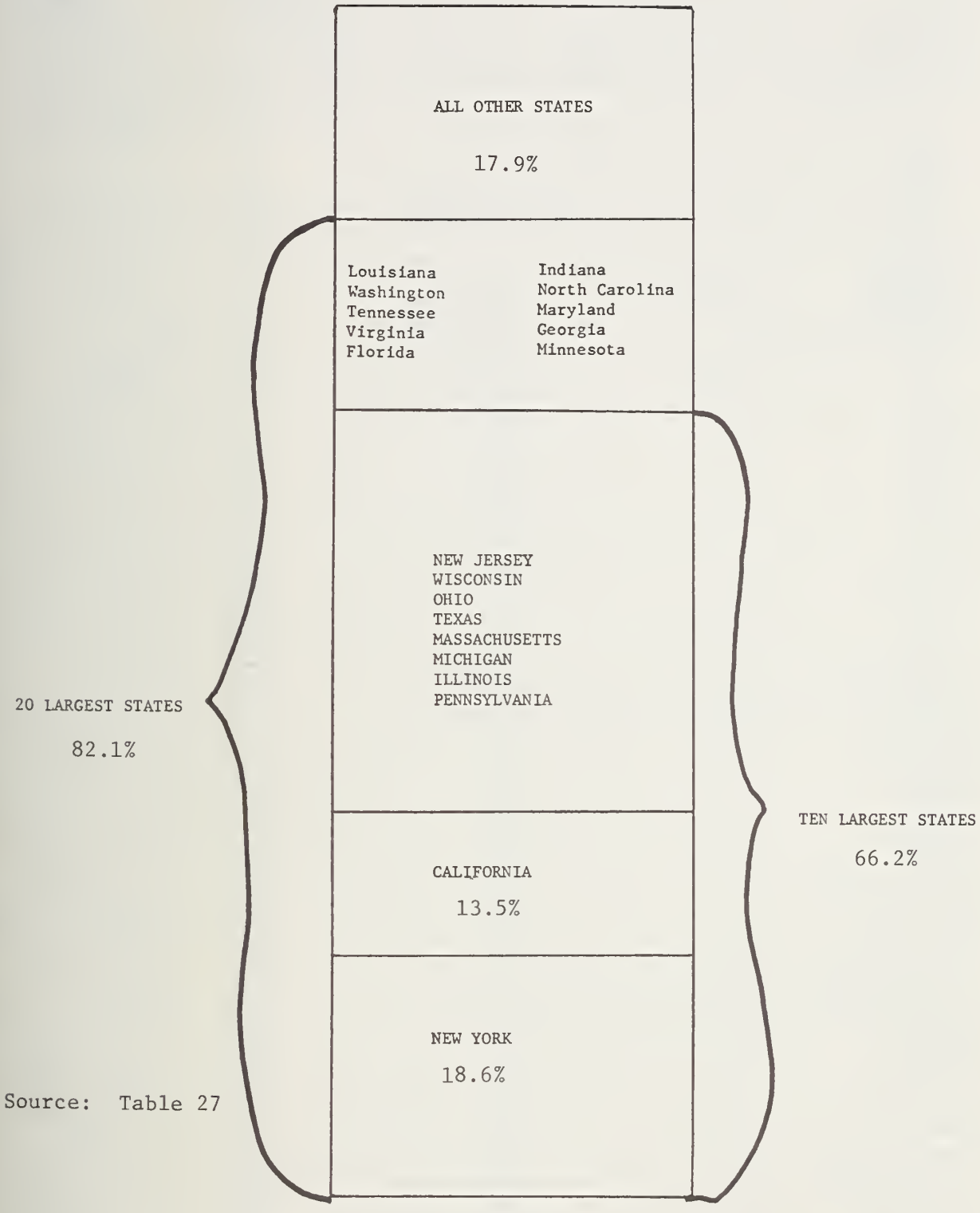
[1] No Title XIX program in effect.
[2] Information not available.
[3] Less than 0.05 percent.
[4] Source: Monthly reports, HCFA-120, submitted by States to Office of Research, Demonstrations, and Statistics. Data not published elsewhere.

TABLE 27.—TOTAL MEDICAL ASSISTANCE PAYMENTS IN ORDER OF SIZE OF STATE PROGRAMS [3]
FISCAL YEAR 1977

State	Total benefits (in millions)	Percent of National total	Cumulative percent of National total
U.S. total	$16,355 [1]	100%	—
New York	3,033	18.6	18.6
California	2,214	13.5	32.1
Pennsylvania	887	5.4	37.5
Illinois	844	5.2	42.7
Michigan	836	5.1	47.8
Massachusetts	781	4.8	52.6
Texas	716	4.4	56.9
Ohio	530	3.2	60.2
Wisconsin	505	3.1	63.3
New Jersey	473	2.9	66.2
10 Largest States	10,821 [1]	66.2	66.2
Minnesota	379	2.3	68.5
Georgia	334	2.0	70.5
Maryland	263	1.6	72.1
North Carolina	253	1.5	73.7
Indiana	238	1.4	75.1
Florida	236	1.4	76.6
Virginia	232	1.4	78.0
Tennessee	224	1.4	79.3
Washington	222	1.4	80.7
Louisiana	219	1.3	82.1
20 Largest States	13,421 [1]	82.1	82.1
Oklahoma	208	1.3	83.3
Connecticut	203	1.2	84.6
Alabama	196	1.2	85.8
Kentucky	185	1.1	86.9
Missouri	180	1.1	88.0
Iowa	159	1.0	89.0
Arkansas	146	.9	89.9
South Carolina	144	.9	90.7
Kansas	143	.9	91.6
Oregon	137	.8	92.4
Mississippi	136	.8	93.3
Colorado	122	.7	94.0
District of Columbia	120	.7	94.7
Rhode Island	103	.6	95.4
Maine	89	.5	95.9
Nebraska	68	.4	96.3
Puerto Rico	67	.4	96.7
Hawaii	66	.4	97.1
West Virginia	63	.4	97.5
New Mexico	47	.3	97.8
New Hampshire	46	.3	98.1
Utah	45	.3	98.4
Vermont	44	.3	98.7
Montana	43	.3	98.9
North Dakota	34	.2	99.1
Idaho	34	.2	99.3
South Dakota	32	.2	99.5
Delaware	22	.1	99.7
Nevada	22	.1	99.8
Alaska	19	.1	99.9
Wyoming	8	(2)	100.0
Guam	2	(2)	100.0
Virgin Islands	2	(2)	100.0

[1] Columns do not add due to rounding.
[2] Value less than 0.05 percent.
[3] Source: "State Expenditures for the Medical Assistance Program," Fiscal Year 1977. See Technical Notes 1 and 5 in Appendix.

TABLE 28.—TOTAL MEDICAID VENDOR PAYMENTS BY SIZE OF STATE PROGRAMS, FISCAL YEAR 1977



Source: Table 27

TABLE 29.—SIZE OF STATE MEDICAID PROGRAM RELATIVE TO STATE INCOME LEVELS, FISCAL YEAR 1977 [3]

State	Total Medicaid Expenditures per $1,000,000 Personal Income	State/Local Share of Medicaid Expenditures per $1,000,000 Personal Income
TOTALS	10,734	4,708
Alabama	9,390	2,506
Alaska	4,426	1,993
Arizona	(1)	(1)
Arkansas	12,403	3,065
California	12,643	6,339
Colorado	6,443	2,975
Connecticut	8,115	3,830
Delaware	4,985	2,380
District of Columbia	19,463	9,691
Florida	4,147	1,805
Georgia	10,945	3,776
Guam	(2)	(2)
Hawaii	9,824	4,979
Idaho	6,334	1,885
Illinois	9,342	4,336
Indiana	6,436	2,782
Iowa	7,996	3,429
Kansas	8,725	3,741
Kentucky	8,966	2,372
Louisiana	9,300	2,175
Maine	14,320	3,495
Maryland	8,324	4,132
Massachusetts	18,774	9,524
Michigan	12,035	5,963
Minnesota	13,451	5,923
Mississippi	11,372	2,218
Missouri	5,689	2,240
Montana	9,132	3,365
Nebraska	6,564	2,689
Nevada	4,224	2,083
New Hampshire	8,159	3,271
New Jersey	8,133	4,067
New Mexico	6,758	1,825
New York	22,684	11,305
North Carolina	7,727	2,469
North Dakota	8,908	3,866
Ohio	6,983	3,078
Oklahoma	11,503	3,772
Oregon	7,947	2,971
Pennsylvania	10,749	4,524
Puerto Rico	(2)	(2)
Rhode Island	16,255	6,432
South Carolina	8,846	2,422
South Dakota	7,981	2,536
Tennessee	8,893	2,519
Texas	8,114	3,011
Utah	5,944	922
Vermont	15,793	4,421
Virgin Islands	(2)	(2)
Virginia	6,579	2,452
Washington	7,981	3,409
West Virginia	5,692	1,601
Wisconsin	16,064	6,138
Wyoming	2,733	1,074

[1] No Title XIX program in effect.

[2] Personal income data not available.

[3] Source: U.S. Department of Commerce. Survey of Current Business, August 1979, Vol. 59, No. 8, Part II, pp. 28-29, 1977 data; and "State Expenditures for the Medical Assistance Program," Fiscal Year 1977. See Technical Notes 1 and 5 in Appendix.

H. RELATIVE SIZE OF STATE MEDICAID RECIPIENT POPULATIONS

As with Medicaid expenditures, the largest States account for a great percentage of Medicaid recipients. California accounts for 14.5 percent, and New York for 12.3 percent, with the ten largest States accounting for 64.4 percent of total recipients. Tables 30 and 31 detail the number of Medicaid recipients in each State in order of the size of the State recipient populations.

TABLE 30.—TOTAL MEDICAID RECIPIENTS IN ORDER OF SIZE OF STATE MEDICAID POPULATIONS, FISCAL YEAR 1977

State	Total recipients [3,4] (in thousands)	Percent of National total	Cumulative percent of National total
TOTALS [1]	23,462	100.0	
California	3,394	14.5	14.5
New York	2,884	12.3	26.8
Pennsylvania	2,241	9.6	36.4
Illinois	1,461	6.2	42.6
Puerto Rico	1,107	4.7	47.3
Michigan	979	4.2	51.5
Massachusetts	836	3.6	55.1
Ohio	803	3.4	58.5
Texas	723	3.1	61.6
New Jersey	656	2.8	64.4
10 Largest States	15,084	64.4	64.4
Georgia	591	2.5	66.9
Wisconsin	517	2.2	69.1
Louisiana	429	1.8	70.9
Kentucky	405	1.7	72.6
Florida	398	1.7	74.3
Missouri	366	1.6	75.9
Tennessee	359	1.5	77.4
Maryland	356	1.5	78.9
North Carolina	346	1.5	80.4
Alabama	322	1.4	81.8
20 Largest States	19,171	81.8	81.8
Virginia	320	1.4	83.2
Mississippi	300	1.3	84.5
South Carolina	292	1.2	85.7
Washington	274	1.2	86.9
Minnesota	269	1.1	88.0
Indiana	254	1.1	89.1
Arkansas	221	0.9	90.0
Connecticut	211	0.9	90.9
Oklahoma	206	0.9	91.8
West Virginia	193	0.8	92.6
Oregon	190	0.8	93.4
Colorado	180	0.8	94.2
Kansas	158	0.7	94.9
Iowa	155	0.7	95.6
District of Columbia	153	0.7	96.3
Maine	126	0.5	96.8
Rhode Island	116	0.5	97.3
Hawaii	96	0.4	97.7
New Mexico	81	0.3	98.0
Nebraska	70	0.3	98.3

TABLE 30.—TOTAL MEDICAID RECIPIENTS IN ORDER OF SIZE OF STATE MEDICAID POPULATIONS, FISCAL YEAR 1977—Continued

Utah	60	0.3	98.6
Vermont	57	0.2	98.8
Delaware	52	0.2	99.0
New Hampshire	49	0.2	99.2
Idaho	42	0.2	99.4
Montana	42	0.2	99.6
South Dakota	40	0.2	99.8
Nevada	26	0.1	99.9
North Dakota	26	0.1	100.0
Wyoming	13	0.1	100.1
Alaska	10	(2)	100.1
Virgin Islands	9	(2)	100.1

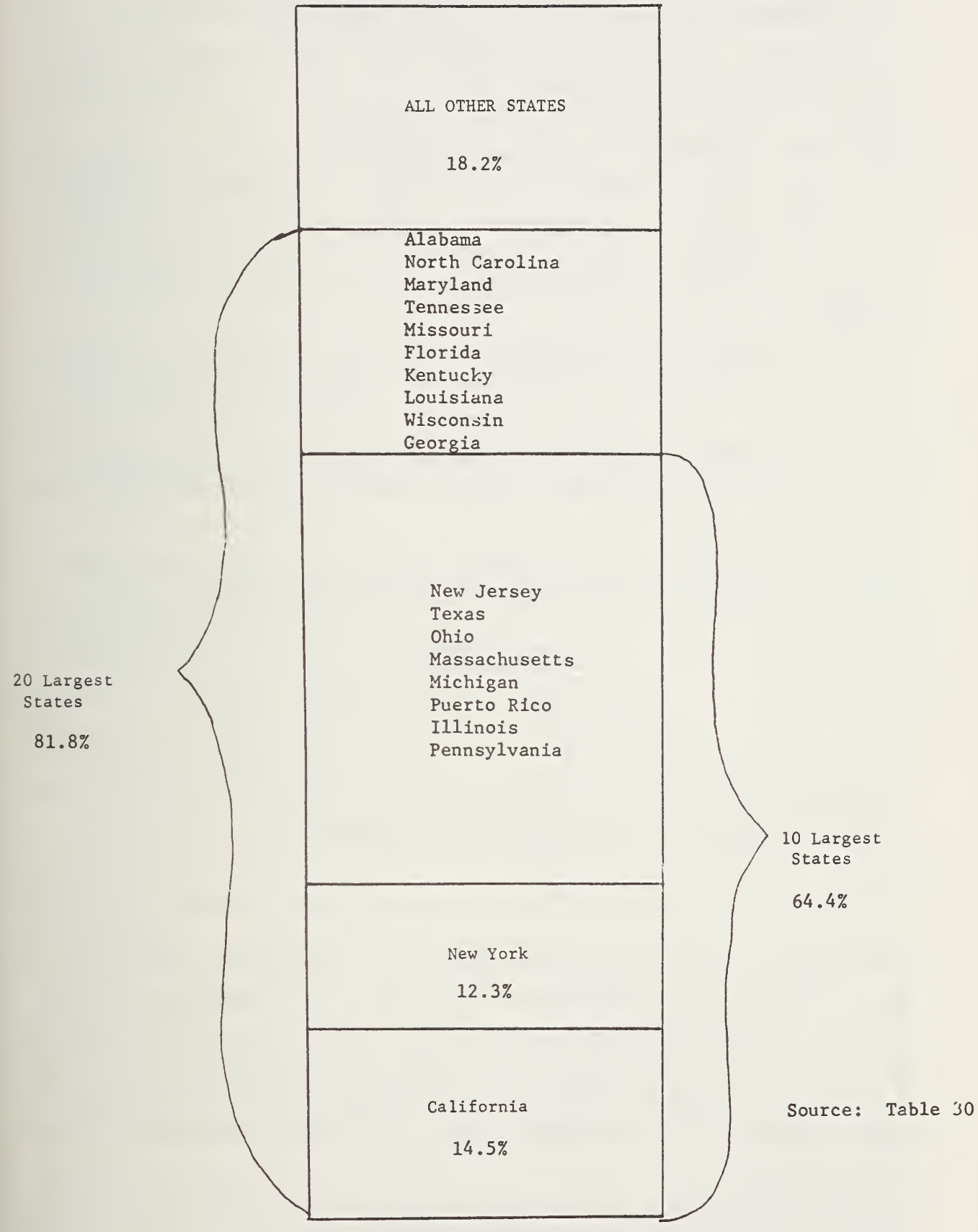
[1] Column 1 may not add due to rounding. Columns 2 and 3 add to 100.1 percent due to rounding.

[2] Value less than 0.05 percent.

[3] Other adults, aged 21-64, not included. See Technical Note 8 in Appendix.

[4] Source: "Medicaid State Tables," Fiscal Year 1976, Table 2. See Technical Notes 3, 5, 6, and 7 in Appendix.

Table 31.—TOTAL MEDICAID POPULATION BY SIZE OF STATE PROGRAMS, FISCAL YEAR 1976



Source: Table 30

I. IMPACT OF MEDICAID ON THE USE OF HEALTH SERVICES BY THE POOR

Measurable increases in the utilization of medical services by the poor have occurred since Title XIX was enacted. For example, the use of physicians' services had historically been lower among the poor than among those with higher incomes. As Table 32 indicates, those defined as poor averaged 4.3 physician visits per year in 1964, the year before Medicaid was enacted, compared to 4.6 visits per year for those who were not poor. By 1977, both the poor and the non-poor had increased their average annual number of visits, but the poor made greater relative gains. The number of visits had increased to 5.6 per year for the poor in 1977, compared to 4.7 visits per year for the non-poor.

The percentage of persons who had not seen a physician in the previous two years declined from 1964-1977, with the decline being greater among the poor than among the non-poor, as shown in Table 32. However, despite their larger relative change, the poor in 1977 were still more likely than the non-poor to have had no physician contact in the previous two years.

TABLE 32.—COMPARATIVE USE OF HEALTH SERVICES BY THE POOR AND NONPOOR, 1964 AND 1977 [2]

Year	Number of physician visits per person per year		Percent of persons with no physician visits in the past 2 years	
	Poor [1]	Not poor	Poor [1]	Not poor
1964	4.3	4.6	27.7	17.7
1977	5.6	4.7	14.5	13.0

[1] Definition of poor is based on family income: under $3,000 in 1964, and under $7,000 in 1977. In each case, this accounts for approximately 1/3 of the population.

[2] Source: National Center for Health Statistics, unpublished data.

These overall increases in the use of health services were not shared by all of the low income population. In addition, they are not adjusted to account for the differences in health status of the poor and the non-poor. The gains in utilization have been most pronounced for the poor who receive public assistance and are eligible for Medicaid; those without public assistance still lag behind in their use of health services. One study adjusted physician visits per year for health status, family income, public assistance status, and age group. The results are shown in the following table.

These differences in utilization among the poor depending upon their public assistance status are also reflected in estimates of the number of poor persons not receiving Medicaid benefits. Data published from *Health, United States* [1] in 1978, indicates that for a family with an

[1] U.S., Department of Health, Education, and Welfare, National Center for Health Statistics, *Health, United States,* 1978, p. 404.

income below $5,000, only 21% are without any form of insurance. The other 79% are covered by Medicaid, Medicare, private insurance and a combination of all three programs.

TABLE 33.—PHYSICIAN VISITS ADJUSTED FOR HEALTH STATUS BY FAMILY INCOME, PUBLIC ASSISTANCE STATUS, AND AGE GROUP, 1969 [2]

	All family incomes	Family income under $5,000		
		Total	Aid [1]	No aid
All persons	4.6	3.7	4.5	3.6
Under 17 years of age	3.3	3.0	3.5	3.0
Age 17 to 44	4.4	4.2	5.9	4.1
Age 45 to 64	4.9	4.0	5.2	3.9
Age 65 and over	6.6	6.1	6.4	6.1

[1] Aid includes all persons receiving public assistance. It should be noted that this includes some persons receiving public assistance in States which did not have Medicaid programs in 1969, and excludes persons covered under State only Medicaid programs and medically needy.

[2] Source: Davis, Karen. "Medicaid Payments and Utilization of Medical Services by the Poor." Inquiry, Vol. XIII, No. 2, June 1976.

These estimates are meant to emphasize that a significant portion of the poor are not eligible for Medicaid coverage under the terms of the current program. The estimates should be used with care, however. First, they are based on very imperfect data. Second, the poverty standard applied to these Medicaid eligibles does not take into account any value for the Medicaid and other in-kind benefits these persons receive.[2] Third, because of work disregards and other factors, the incomes of welfare recipients may be quite different from the overall standard of need used in the State's assistance program.

There are three major reasons for the differences between the Medicaid population and the poverty population:

The poverty population is estimated according to a standard nationwide definition, with variations for individuals and families based on their size, composition, sex and age of family head, and farm/non-farm residence.

Medicaid standards are set by the States, with income levels which can be far below or far above the poverty level. For example, as of January 1978, the majority of States with medically needy programs had established their medically needy standards below the weighted average poverty thresholds determined by the Bureau of the Census in 1976. Only 6 of the 33 States and jurisdictions with medically needy programs had medically needy levels for one person in excess of the poverty thresholds for persons age 65 and over. Only five States had standards in excess of the poverty threshold for two persons, and none

[2] For a discussion of this issue, see the study prepared by the Congressional Budget Office, Background Paper No. 17, Poverty Status of Families Under Alternative Definitions of Income, January 1977.

of the States had a standard in excess of the poverty threshold for a four-person family.

Linkage of Medicaid to the welfare programs ties eligibility to the previously discussed categories of aged, blind, disabled, and members of families with dependent children. Others, including single adults and childless couples between the ages of 21 and 64, cannot become eligible for federally-matched Medicaid even if they fall below the income and resource levels.

The relationship between the Medicaid population and the poverty population also varies greatly among the States. The most recent data on a State-by-State basis is 1970.

Table 34, which compares the number of Medicaid recipients in each State with the number of persons falling under the nationwide poverty definition, shows that Medicaid recipients comprise 8 percent of the total population and 59 percent of the poverty population. The range, however, is extreme, with Medicaid recipients totaling less than 20 percent of the poverty population in eight States (Alabama, Arkansas, Mississippi, South Carolina, South Dakota, Tennessee, Texas, and Wyoming), and a number that is more than 100 percent of the poverty population in two States (California and New York.) Again, it should be remembered that even in States with a number of Medicaid recipients that exceeds the number of persons in poverty, a substantial number of the poor do not receive Medicaid if they do not fit into one of the covered eligibility categories.

TABLE 34.—MEDICAID RECIPIENTS COMPARED TO POVERTY POPULATION, 1970 [4]

State	Medicaid recipients (unduplicated annual count) as a percent of—	
	Total State population	Total State low-income population
Alabama	4	17
Alaska	(1)	(1)
Arizona	(1)	(1)
Arkansas	3	10
California	19	174
Colorado	7	61
Connecticut	5	75
Delaware	6	61
District of Columbia	15	91
Florida	8	27
Georgia	7	35
Guam	(2)	(2)
Hawaii	8	95
Idaho	4	27
Illinois	6	55
Indiana	2	24

TABLE 34.—MEDICAID RECIPIENTS COMPARED TO POVERTY POPULATION, 1970—Continued

Iowa	4	36
Kansas	6	45
Kentucky	10	43
Louisiana	6	23
Maine	6	44
Maryland	8	76
Massachusetts	[2]	[2]
Michigan	5	54
Minnesota	6	57
Mississippi	6	16
Missouri	6	38
Montana	4	28
Nebraska	4	33
Nevada	4	44
New Hampshire	4	45
New Jersey	5	55
New Mexico	6	28
New York	17	156
North Carolina	[2]	[2]
North Dakota	4	24
Ohio	4	36
Oklahoma	8	46
Oregon	4	38
Pennsylvania	10	93
Puerto Rico	[2]	[2]
Rhode Island	10	96
South Carolina	4	16
South Dakota	3	17
Tennessee	4	19
Texas	3	18
Utah	5	46
Vermont	8	71
Virgin Islands	[2]	[2]
Virginia	3	21
Washington	8	84
West Virginia	8	35
Wisconsin	6	59
Wyoming	2	19
United States [3]	8	59

[1] No Medicaid recipients in 1970.

[2] Information not available for at least 1 of the factors—population, low income population, or Medicaid recipients.

[3] Adjusted for the States where information is not available.

[4] Source: Population by States, U.S. Bureau of the Census, "U.S. Census of Population, 1970," Vol. 1, Pt. A.; Low Income Population by States, U.S. Bureau of the Census, "Current Population Reports," P-60, No. 86; Medicaid Recipients, National Center for Social Statistics, B-4 (Calendar Year 1970).

J. MEDICAID RECIPIENTS AND EXPENDITURES, BY ELIGIBILITY CATEGORY

The distribution of Medicaid recipients and expenditures by eligibility category reveals marked differences in utilization. The aged, blind, and disabled account for only 28.0 percent of total recipients but 64.6 percent of expenditures, while children under 21 comprise 49.7 percent of recipients but only 18.9 percent of expenditures. Tables 35 through 37 detail recipients and expenditures for each of the eligibility categories.

TABLE 35.—MEDICAID RECIPIENTS AND EXPENDITURES BY ELIGIBILITY CATEGORY, FISCAL YEAR 1976 [2, 3]

Basis of eligibility	Recipients		Expenditures	
	Total (in thousands)	Percent of total [4]	Total (in millions)	Percent of total [4]
Total [1]	23,462	100.0	13,647	100.0
Aged	3,808	16.2	5,192	38.0
Blind	98	0.4	86	0.6
Disabled	2,664	11.4	3,550	26.0
Children under age 21	11,654	49.7	2,575	18.9
Adults in AFDC families	5,238	22.3	2,245	16.4

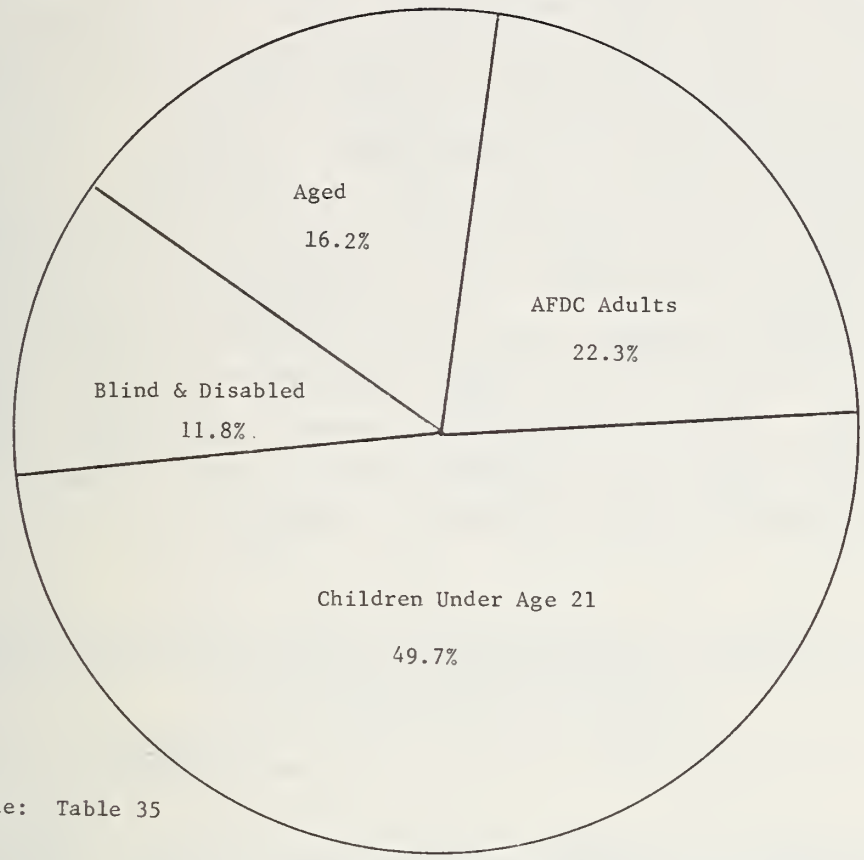
[1] Columns may not add due to rounding.

[2] Other adults, aged 21-64, not included. See Technical Note 8 in Appendix.

[3] Source: "Medicaid State Tables," Fiscal Year 1976, Tables 2 and 3. See Technical Notes, 3, 5, 6, and 7 in Appendix.

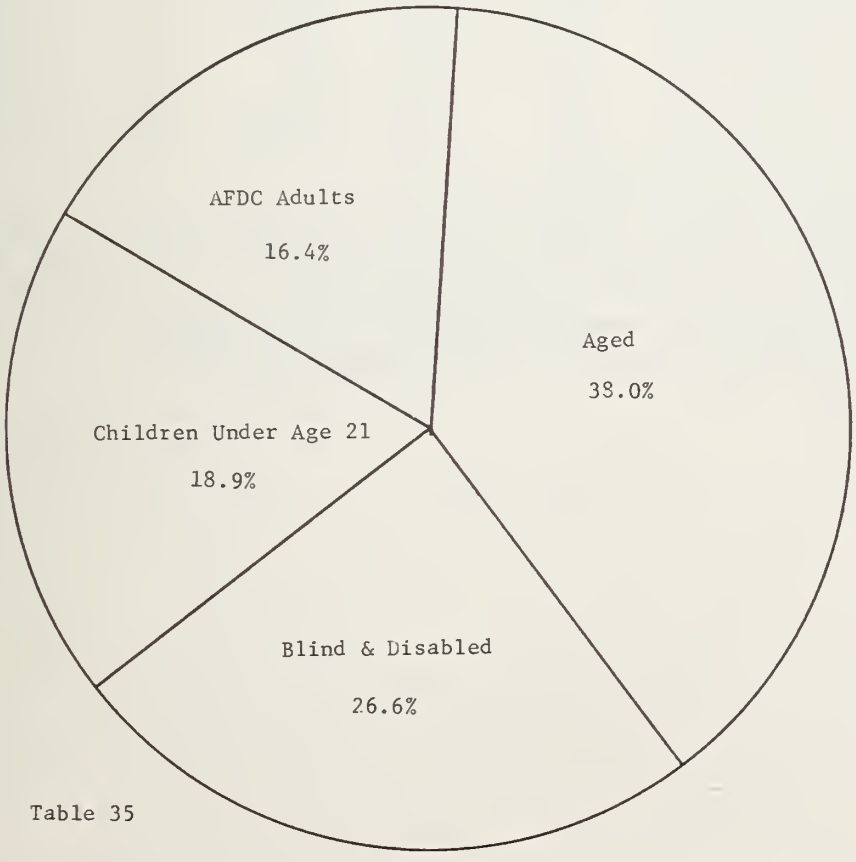
[4] Percentages were computed using whole numbers of recipients and expenditure amounts rounded to the nearest thousand.

Table 36.—MEDICAID RECIPIENTS BY BASIS OF ELIGIBILITY, FISCAL YEAR 1976



Source: Table 35

Table 37.—MEDICAID EXPENDITURES BY BASIS OF ELIGIBILITY, FISCAL YEAR 1976



Source: Table 35

K. MEDICAID EXPENDITURES FOR EACH ELIGIBILITY CATEGORY, BY TYPE OF SERVICE, FISCAL YEAR 1976

In addition to the differences in total expenditures among the eligibility categories, there are vast differences in expenditures for the major types of service within each of the eligibility groups. Tables 38 through 44 show, for each of the eligibility groups, the percentage of total expenditures made for the major types of service.

The expenditures for the aged eligible for Medicaid are related to coverage of the various services under Medicare for most of the same population. Small proportions of the expenditures for the aged are made for inpatient hospital care and physicians' services, reflecting the coverage of those services under Medicare, while the larger percentages going toward nursing home care, intermediate care, and prescribed drugs reflect the limitations on coverage, or lack of coverage, of those services under the Medicare program.

TABLE 38.—PERCENTAGE OF MEDICAID EXPENDITURES WITHIN EACH ELIGIBILITY CATEGORY, BY TYPE OF SERVICE, FISCAL YEAR 1976 [2, 3]

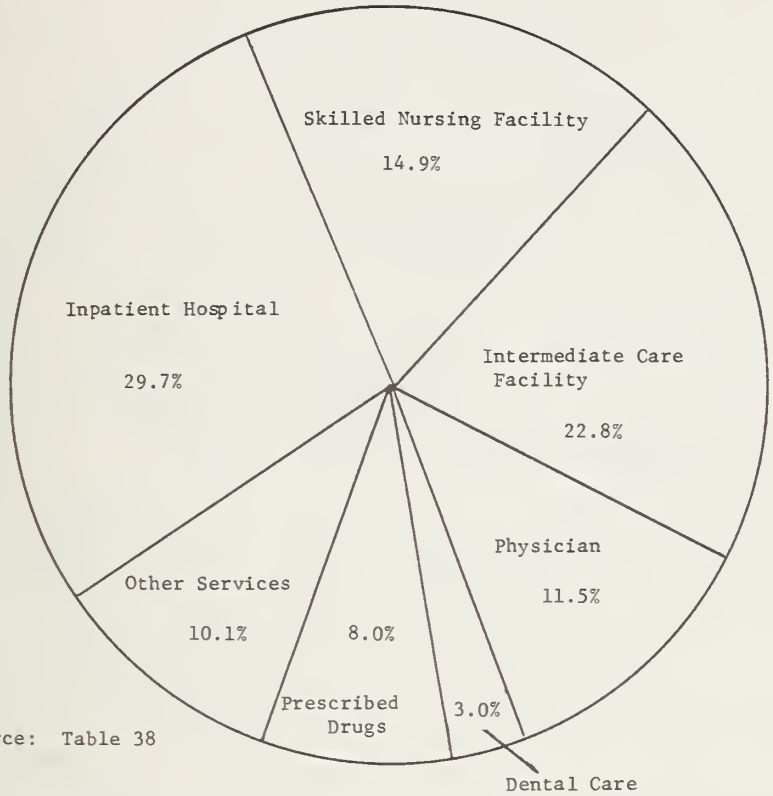
Type of Service	Total recipients	Basis of Eligibility				
		Aged	Blind	Disabled	Children under age 21	Adults in AFDC families
Total [1]	100.0	100.0	100.0	100.0	100.0	100.0
Inpatient hospital care	29.7	11.1	24.2	34.2	42.5	48.3
Skilled nursing facility services	14.9	32.2	20.0	10.6	0.6	0.2
Intermediate care facility services	22.8	39.7	26.1	29.0	1.8	0.3
Physician services	11.5	3.8	8.7	8.9	21.2	21.2
Dental care	3.0	0.7	1.4	1.2	8.4	5.1
Prescribed drugs	8.0	8.9	10.3	7.8	6.3	8.0
Other services	10.1	3.6	9.2	8.3	19.1	16.9

[1] Columns may not add due to rounding.

[2] Source: "Medicaid State Tables," Fiscal Year 1976, Tables 23-28, the source tables do not include payment data for Colorado, Connecticut, Guam, New York, Rhode Island, Washington, and Wyoming as those seven jurisdictions did not report payments broken out by type of service over the eligibility categories. See Technical Notes 3, 5, and 6 in Appendix.

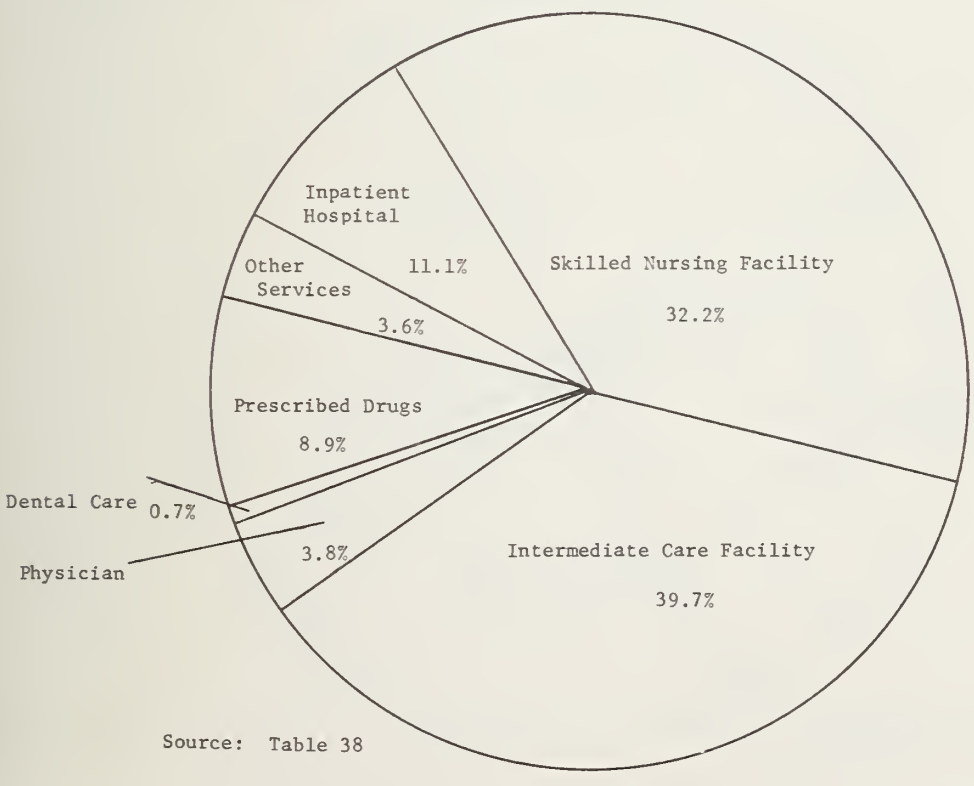
[3] Other adults, aged 21-64, not included. See Technical Note 8 in Appendix.

Table 39.—MEDICAID EXPENDITURES BY TYPE OF SERVICE FOR ALL RECIPIENTS, FISCAL YEAR 1976



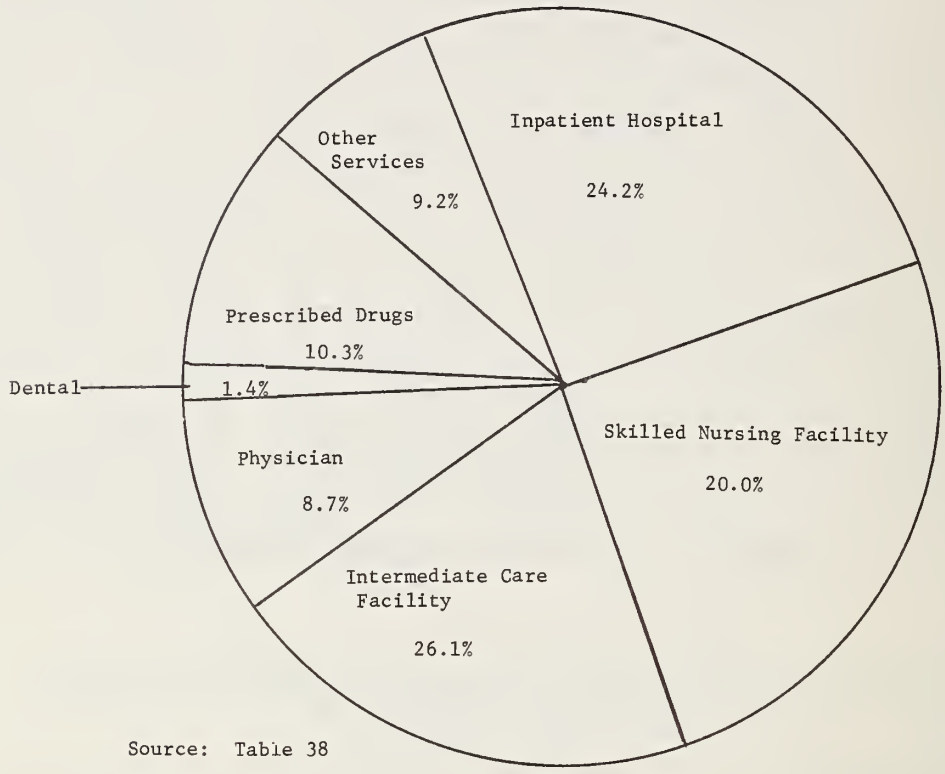
Source: Table 38

Table 40.—MEDICAID EXPENDITURES BY TYPE OF SERVICE FOR THE AGED, FISCAL YEAR 1976



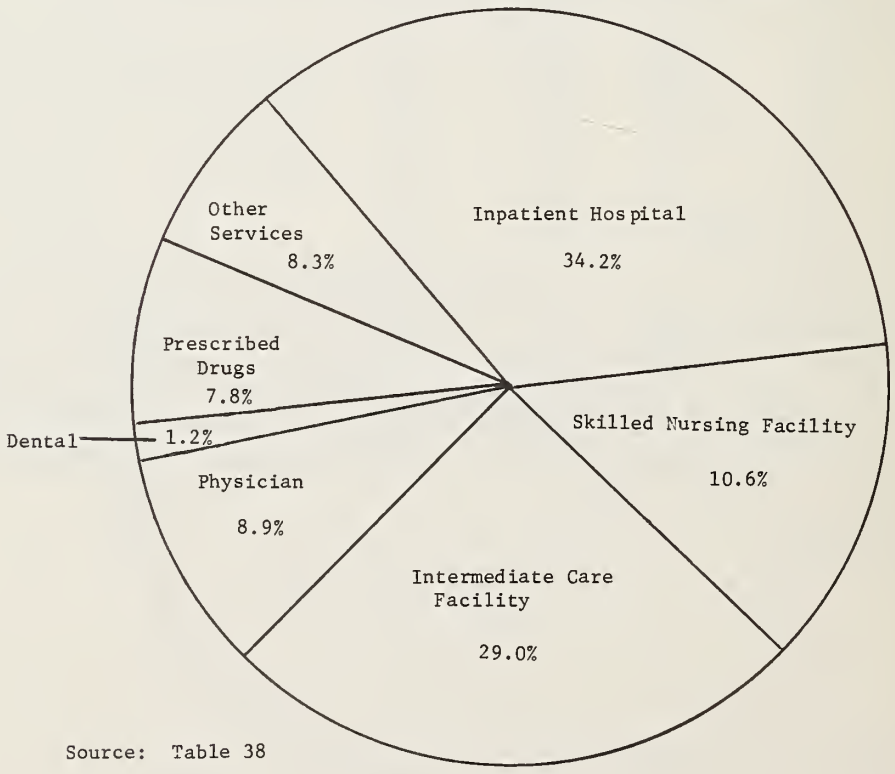
Source: Table 38

Table 41.—MEDICAID EXPENDITURES BY TYPE OF SERVICE FOR THE BLIND, FISCAL YEAR 1976



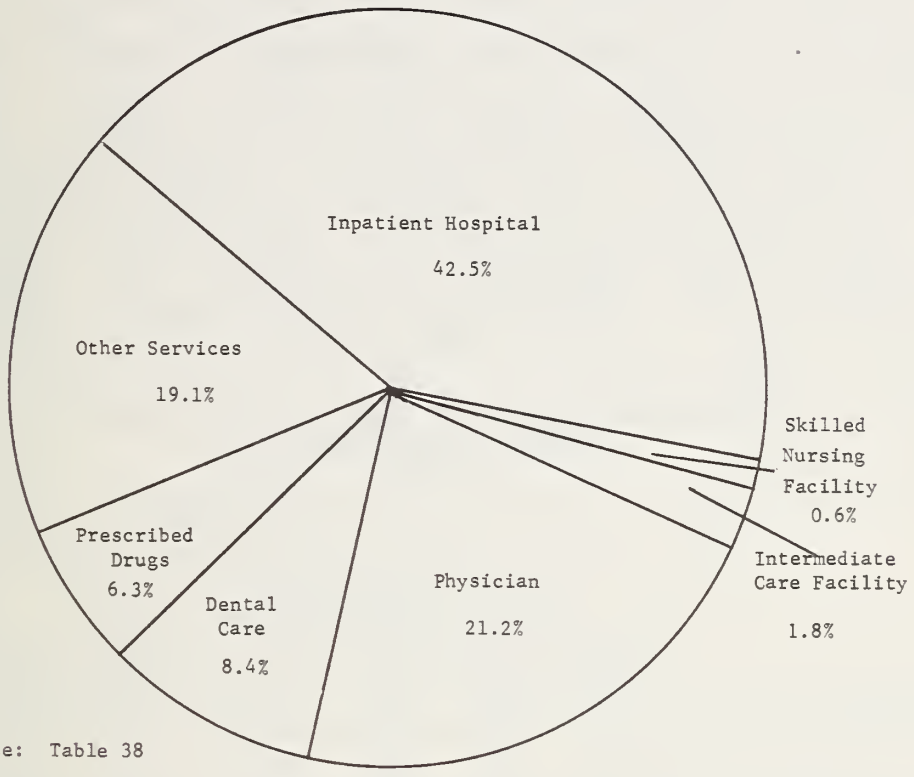
Source: Table 38

Table 42.—MEDICAID EXPENDITURES BY TYPE OF SERVICE FOR THE DISABLED, FISCAL YEAR 1976



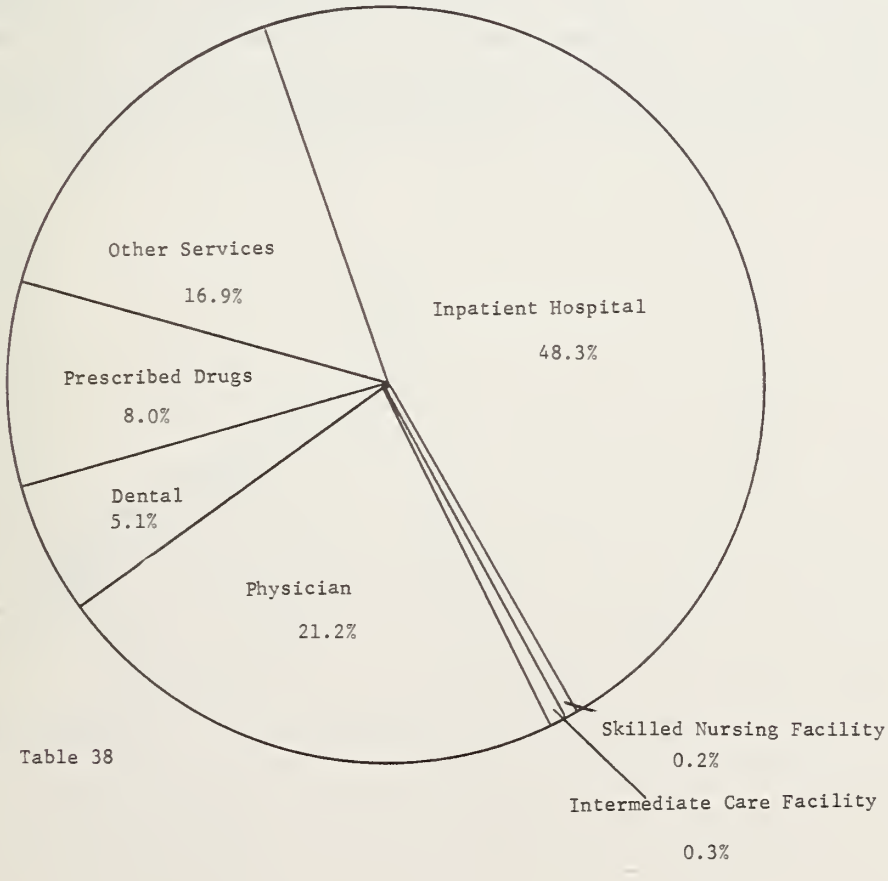
Source: Table 38

Table 43.—MEDICAID EXPENDITURES BY TYPE OF SERVICE FOR CHILDREN UNDER AGE 21, FISCAL YEAR 1976



Source: Table 38

Table 44.—MEDICAID EXPENDITURES BY TYPE OF SERVICE FOR AFDC ADULTS, FISCAL YEAR 1976



Source: Table 38

L. MEDICAID EXPENDITURES FOR SELECTED SERVICES, BY ELIGIBILITY CATEGORY OF THE RECIPIENT

Tables 45 through 52 present the same data in terms of the percentage of total expenditures for each of the major types of service which are accounted for by the various eligibility categories. As might be expected, a relatively small proportion of inpatient hospital expenditures goes for the aged (because Medicare pays for most of this care), with the disabled, children under 21, and adults in AFDC families accounting for the major portions of inpatient hospital expenditures. Long term care expenditures go almost totally for the aged and the disabled, while expenditures for physicians' and dental services are made mostly for children under 21 and adults in AFDC families.

TABLE 45.—PERCENTAGE OF MEDICAID EXPENDITURES FOR SELECTED SERVICES BY ELIGIBILITY CATEGORY, FISCAL YEAR 1976 [2, 3]

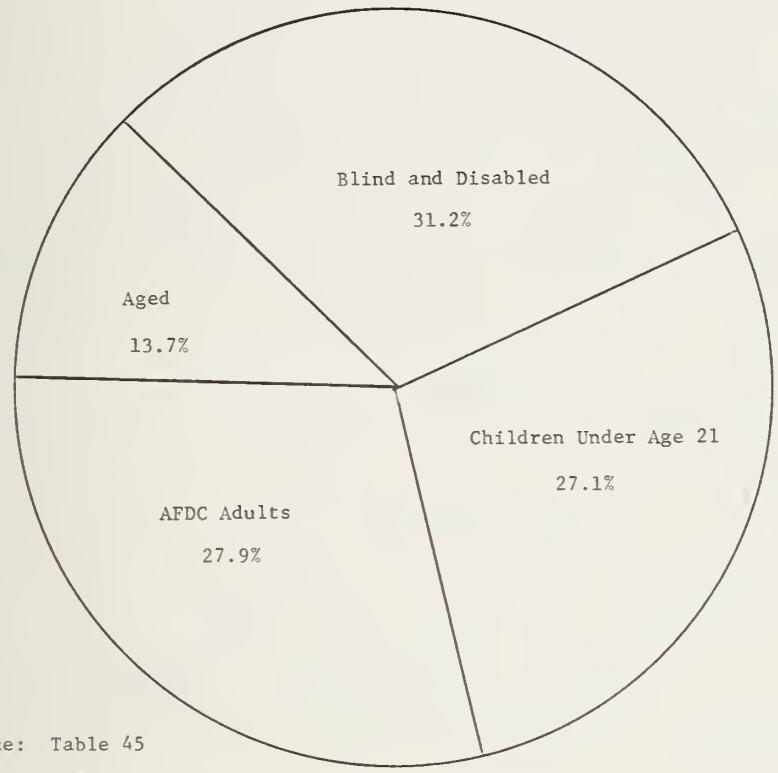
	Title XIX Services							
	Total	Inpatient hospital	Skilled nursing facility	Intermediate care facility	Physicians'	Dental	Prescribed drugs	Other
All Recipients [1]	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Aged	38.0	13.7	79.0	63.6	12.2	8.0	40.8	13.0
Blind and Disabled	26.6	31.2	19.9	34.7	21.1	10.8	26.9	22.4
Children	18.9	27.1	0.8	1.5	35.0	52.4	15.0	35.8
Adults in AFDC Families	16.4	27.9	0.3	0.2	31.7	28.8	17.2	28.7

[1] Columns may not add due to rounding.

[2] Source: "Medicaid State Tables," Fiscal Year 1976; Table 3 was used for the total column; Tables 23-28 were used to compute the type of service columns; source Tables 23-28 do not include payment data for Colorado, Connecticut, Guam, New York, Rhode Island, Washington, and Wyoming as those seven jurisdictions did not report payments broken out by type of service over the eligibility categories. See Technical Notes 3, 5, and 6 in Appendix.

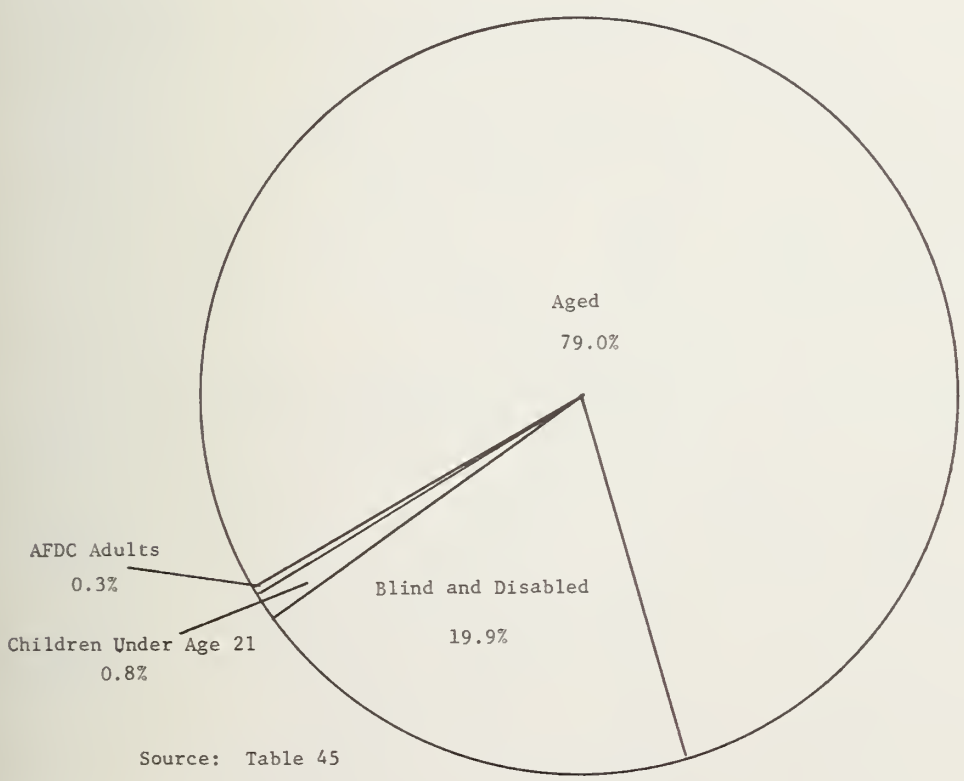
[3] Other adults, aged 21-64, not included. See Technical Note 8 in Appendix.

Table 46.—MEDICAID EXPENDITURES FOR INPATIENT HOSPITAL CARE, BY BASIS OF ELIGIBILITY, FISCAL YEAR 1976



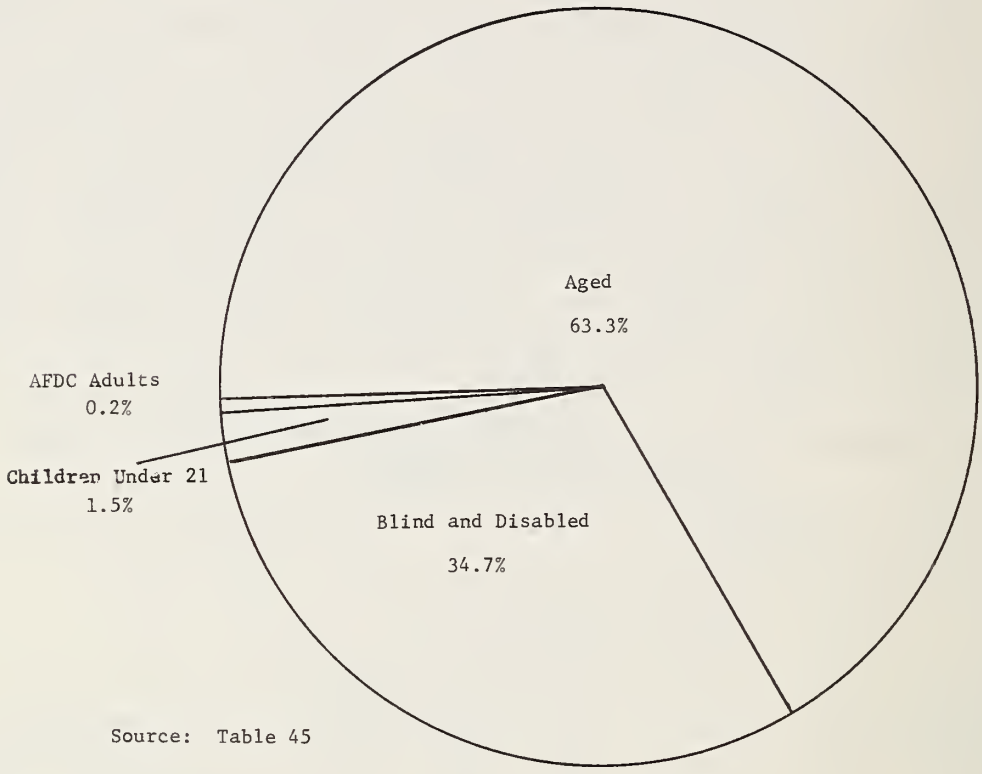
Source: Table 45

Table 47.—MEDICAID EXPENDITURES FOR SKILLED NURSING FACILITY CARE, BY BASIS OF ELIBILITY, FISCAL YEAR 1976



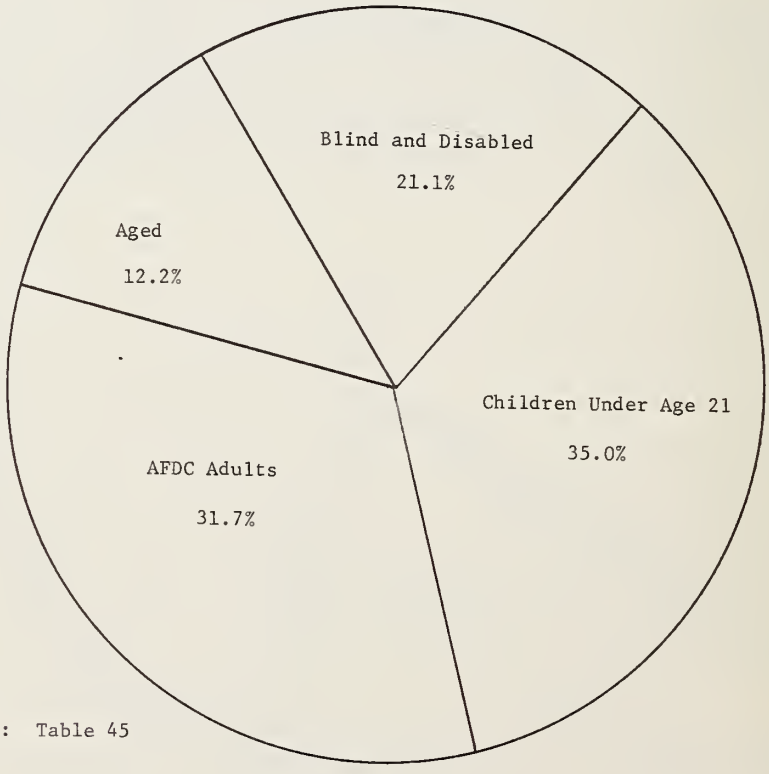
Source: Table 45

Table 48.—MEDICAID EXPENDITURES FOR INTERMEDIATE CARE FACILITY CARE, BY BASIS OF ELIGIBILITY, FISCAL YEAR 1976



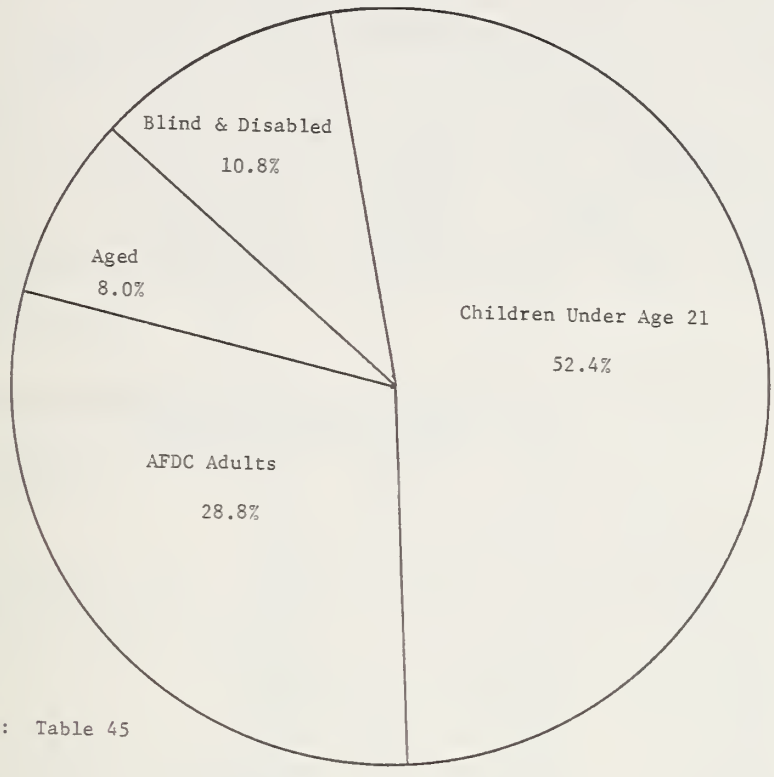
Source: Table 45

Table 49.—MEDICAID EXPENDITURES FOR PHYSICIANS' SERVICES, BY BASIS OF ELIGIBILITY, FISCAL YEAR 1976



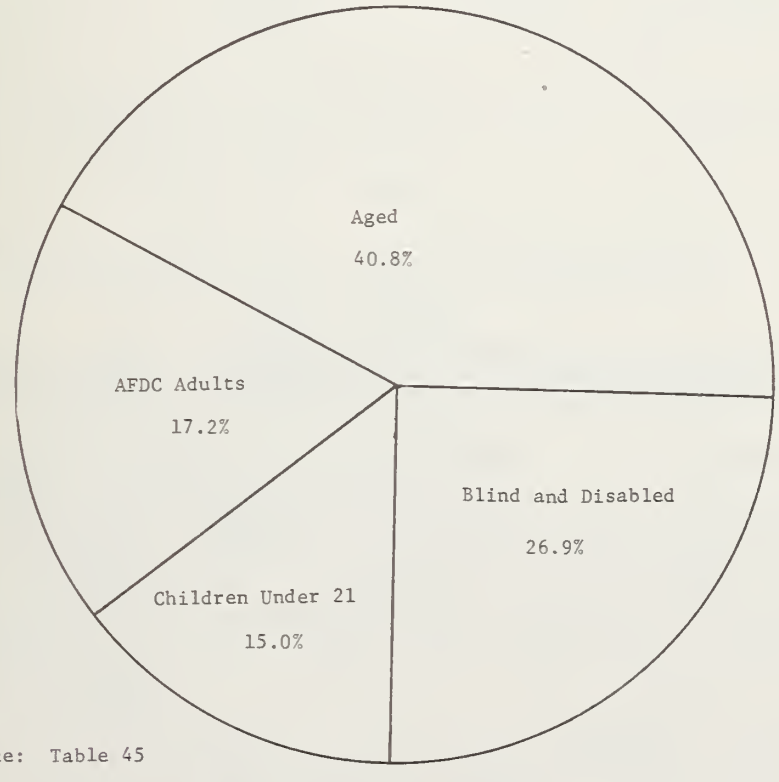
Source: Table 45

Table 50.—MEDICAID EXPENDITURES FOR DENTAL CARE, BY BASIS OF ELIGIBILITY, FISCAL YEAR 1976



Source: Table 45

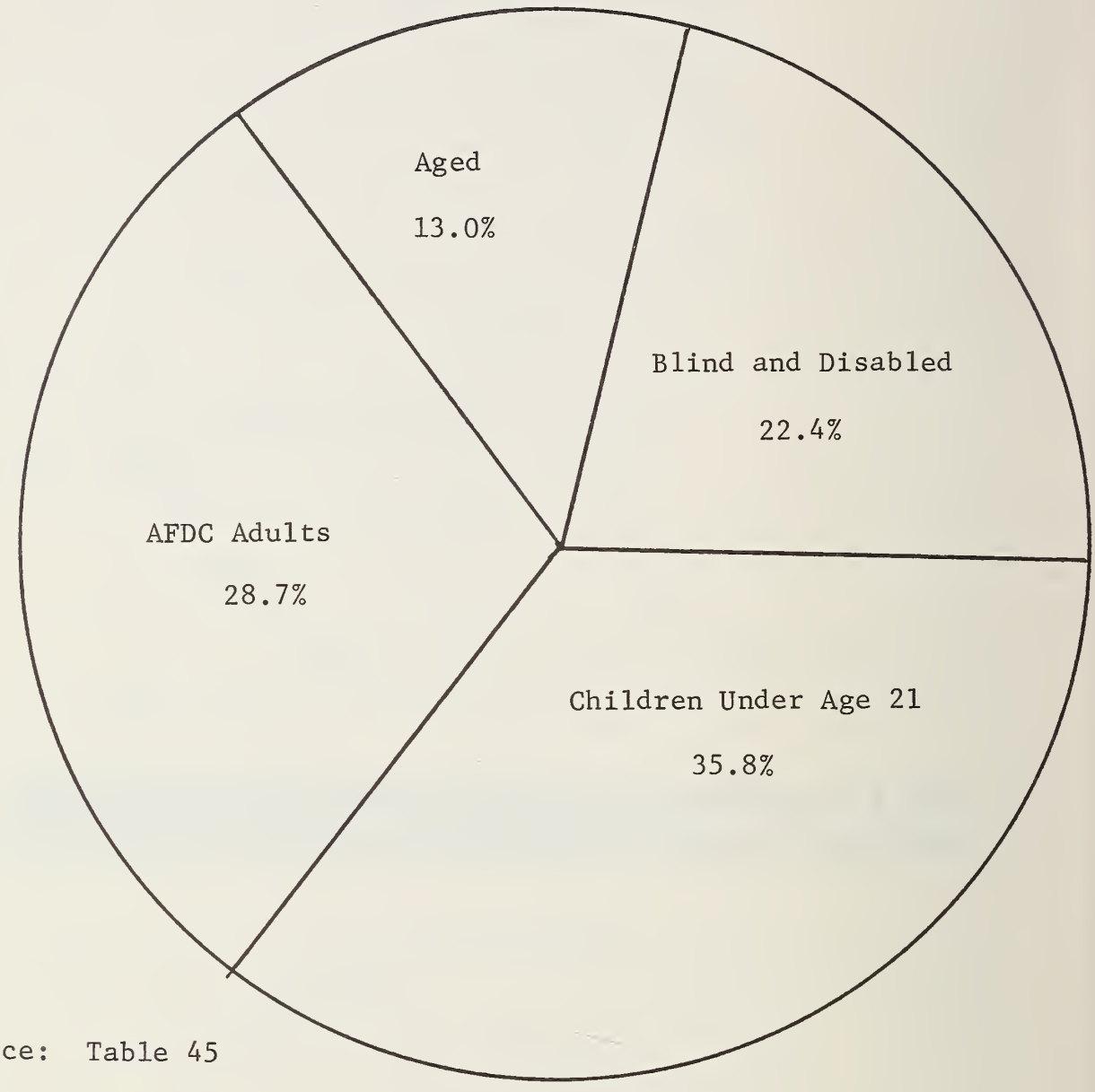
Table 51.—MEDICAID EXPENDITURES FOR PRESCRIBED DRUGS, BY BASIS OF ELIGIBILITY, FISCAL YEAR 1976



Source: Table 45

35—GPO NIH 281-191 PO 3209 B 2660

Table 52.—MEDICAID EXPENDITURES FOR OTHER CARE, BY BASIS OF ELIGIBILITY, FISCAL YEAR 1976



Source: Table 45

M. MEDICAID RECIPIENTS AND EXPENDITURES, BY MAINTENANCE ASSISTANCE STATUS OF RECIPIENT, FISCAL YEAR 1976

The distribution of recipients and expenditures differs greatly between those who also receive a cash assistance payment and those who do not. As indicated in Table 53, Medicaid recipients who are not cash assistance recipients make up 21.5 percent of total recipients, but account for 43.9 percent of total program expenditures. The difference is even more striking among the aged, with non-cash recipients accounting for 34.6 percent of recipients and 71.9 percent of expenditures for that group.

Medicaid recipients who are not cash assistance recipients include two major groups: (1) the medically needy, and (2) institutionalized persons who qualify for Medicaid because their special needs would

entitle them to a cash assistance payment if they were not inpatients in a medical institution. Such persons account for higher proportions of expenditures than their recipient numbers would indicate because they become eligible for Medicaid because of their high medical expenditures (they are already ill), and often because of their institutionalization. The group of non-cash Medicaid recipients thus preselects those persons in need of the most expensive forms of care. Other groups of Medicaid recipients who do not receive cash assistance include non-AFDC children in States which cover all children under 21, essential spouses of Medicaid recipients, children in foster care homes, and persons who could be eligible for cash assistance but have not applied for it.

TABLE 53.—RECIPIENTS AND PAYMENTS BY MONEY PAYMENT STATUS AND BASIS OF ELIGIBILITY, FISCAL YEAR 1976 [2, 3]

Basis of Eligibility	Total [1]	Money payment		Not authorized as percent of total
		Authorized	Not authorized	
RECIPIENTS				
Total [1]	23,461,663	18,421,720	5,039,943	21.5
Aged	3,807,707	2,490,498	1,317,209	34.6
Blind	98,313	80,306	18,007	18.3
Disabled	2,663,724	2,116,048	547,676	20.6
Children under age 21	11,653,622	9,129,619	2,524,003	21.7
AFDC Adults	5,238,297	4,605,249	633,048	12.1
PAYMENTS (in thousands)				
Total [1]	13,647,284	7,657,627	5,989,657	43.9
Aged	5,191,629	1,456,867	3,734,761	71.9
Blind	86,216	55,190	31,027	36.0
Disabled	3,549,515	2,282,367	1,267,148	35.7
Children under age 21	2,574,976	1,903,174	671,803	26.1
AFDC Adults	2,244,947	1,960,030	284,918	12.7

[1] Columns and rows may not add due to rounding.

[2] Source: "Medicaid State Tables," Fiscal Year 1976, Tables 2, 3, 8, 9, 19, and 20. See Technical Notes 3, 5, 6, and 7 in Appendix.

[3] Other adults, aged 21-64, not included. See Technical Note 8 in Appendix.

N. MEDICAID RECIPIENTS AND PAYMENTS PER RECIPIENT IN EACH STATE BY BASIS OF ELIGIBILITY, AGE AND SEX

The following section (Tables 54-59) details the yearly number of recipients, and expenditures per recipient, in each State by basis of eligibility, by age, and by sex of the recipient.

Table 54 shows the number of recipients in each State in each of the eligibility categories, and Table 55 shows the average payment per recipient for each category. Expenditures per recipient for the aged, blind, and disabled are much higher than for adults and children in AFDC families by State.

Table 56 details the number of Medicaid recipients in specified age groups, with Table 57 showing the expenditures per recipient for the various ages. The average payment increases with age for the four age groups.

TABLE 54.—UNDUPLICATED YEARLY NUMBER OF RECIPIENTS BY BASIS OF ELIGIBILITY, FISCAL YEAR 1976

(in thousands) [1, 5, 6]

State	Total recipients [4]	Aged	Blind	Disabled	Children under 21	AFDC adults
Alabama	321.6	110.9	1.9	47.6	111.2	50.0
Alaska	9.6	1.0	(7)	1.4	5.3	1.9
Arizona	(2)	(2)	(2)	(2)	(2)	(2)
Arkansas	220.9	72.1	1.6	32.6	80.5	34.1
California	3,393.6	597.7	23.6	503.1	1,552.8	716.5
Colorado	180.3	38.2	0.4	20.4	91.0	30.4
Connecticut	211.0	24.9	0.3	19.4	124.6	41.7
Delaware	52.3	4.6	0.3	3.7	32.2	11.5
District of Columbia	152.7	12.9	0.2	13.3	85.0	41.2
Florida	398.2	92.8	2.2	65.5	164.3	73.3
Georgia	591.0	140.9	3.5	90.0	248.1	108.6
Guam	(3)	(3)	(3)	(3)	(3)	(3)
Hawaii	95.6	9.8	0.1	5.6	57.5	22.5
Idaho	41.7	6.6	0.1	5.4	19.9	9.8
Illinois	1461.1	98.8	2.1	188.2	804.2	367.8
Indiana	253.8	32.5	1.2	22.2	135.5	62.4
Iowa	154.6	31.9	1.1	13.6	69.3	38.8
Kansas	158.1	24.0	0.5	14.4	88.5	30.6
Kentucky	404.9	75.3	2.2	48.1	180.5	98.8
Louisiana	428.9	125.7	2.2	64.3	167.1	69.6
Maine	126.1	18.2	0.3	12.7	60.0	34.9
Maryland	355.6	46.4	0.5	35.7	191.8	81.3
Massachusetts	835.8	126.8	8.6	60.6	478.4	161.4
Michigan	979.0	99.3	1.6	89.0	547.8	241.2
Minnesota	269.1	52.1	0.8	31.1	133.4	51.6
Mississippi	299.9	87.1	1.7	31.5	136.0	43.7
Missouri	366.0	78.7	3.2	29.9	174.7	79.4
Montana	41.6	7.7	0.3	6.3	18.6	8.6
Nebraska	70.5	15.2	0.3	8.5	32.1	14.5
Nevada	26.3	4.7	0.2	2.4	12.5	6.5
New Hampshire	49.1	10.3	0.4	4.2	22.8	11.4
New Jersey	656.1	61.6	1.2	63.3	376.2	153.7
New Mexico	81.3	11.5	0.3	12.6	40.9	15.9
New York	2,884.0	463.3	5.4	331.1	1,383.7	700.4
North Carolina	345.8	76.1	4.5	58.6	112.7	93.9
North Dakota	26.1	6.5	0.1	2.9	11.6	5.1
Ohio	803.5	129.2	1.4	33.4	411.7	227.8
Oklahoma	205.6	55.5	0.8	24.7	99.4	25.2
Oregon	189.6	20.3	1.3	18.9	96.9	52.2
Pennsylvania	2,241.4	175.7	7.0	235.5	1,159.8	663.3
Puerto Rico	1,106.7	23.8	0.2	25.4	852.3	204.9
Rhode Island	116.1	32.1	0.3	11.9	43.3	28.6
South Carolina	292.2	98.9	3.2	45.0	97.3	47.9
South Dakota	40.5	10.1	0.1	3.8	18.2	8.1
Tennessee	358.6	90.9	1.4	60.0	152.8	53.5
Texas	722.5	251.1	4.6	94.0	269.4	103.4
Utah	59.5	5.7	0.1	5.7	32.7	15.3
Vermont	56.9	9.3	0.1	6.3	28.0	13.1
Virgin Islands	9.1	1.1	(7)	0.1	6.6	1.3
Virginia	320.4	61.0	1.7	36.4	151.0	70.4
Washington	274.2	39.4	0.7	38.5	136.1	59.5
West Virginia	192.7	30.4	0.8	32.3	83.8	45.4
Wisconsin	516.9	104.7	1.3	51.3	257.1	102.5
Wyoming	13.0	2.3	(4)	1.2	6.8	2.7
Totals [4]	23,461.7	3,807.7	98.3	2,663.7	11,653.6	5,238.3

[1] Number rounded to nearest hundred.
[2] No Title XIX program in effect.
[3] Totals do not include Guam due to incomplete reporting.
[4] Columns and rows may not add due to rounding.
[5] Source: "Medicaid State Tables," Fiscal Year 1976, Table 2. See Technical Notes 3, 5, 6, and 7 in Appendix.
[6] Other adults, aged 21-64, not included. See Technical Note 8 in Appendix.
[7] Recipient counts less than 50.

Table 58 details Medicaid recipients by sex; nearly 2/3 of program recipients are female. Table 59, which provides average payment per recipient by sex, shows no great difference in expenditures for serv-

TABLE 55.—AVERAGE MEDICAID PAYMENT PER RECIPIENT BY BASIS OF ELIGIBILITY, FISCAL YEAR 1976 [3, 4]

State	Total	Aged	Blind	Disabled	Children under 21	Adults in AFDC families
Total	582	1,363	877	1,333	221	429
Alabama	488	779	622	725	140	384
Alaska	1,090	3,102	1,207	3,675	229	540
Arizona	(1)	(1)	(1)	(1)	(1)	(1)
Arkansas	527	823	830	943	164	345
California	513	739	827	1,081	249	488
Colorado	594	1,077	1,916	1,597	200	477
Connecticut	914	3,477	1,687	2,303	275	639
Delaware	343	1,176	710	980	126	398
District of Columbia	690	1,412	1,125	1,956	366	721
Florida	443	881	510	665	158	324
Georgia	414	686	504	858	133	334
Guam	(2)	(2)	(2)	(2)	(2)	(2)
Hawaii	467	1,729	924	1,105	189	463
Idaho	737	1,732	761	2,133	185	422
Illinois	509	1,695	1,504	1,249	237	402
Indiana	811	2,611	1,730	2,613	207	524
Iowa	780	1,896	1,085	1,743	231	495
Kansas	688	1,467	1,268	1,925	306	588
Kentucky	358	644	539	913	135	272
Louisiana	448	696	594	984	106	318
Maine	564	1,644	545	1,153	198	418
Maryland	546	1,354	745	1,178	243	519
Massachusetts	627	1,656	708	1,986	291	298
Michigan	720	1,965	1,170	1,963	285	734
Minnesota	1,188	2,643	1,815	3,451	300	638
Mississippi	371	660	525	722	126	300
Missouri	309	524	498	740	131	318
Montana	745	1,684	813	1,575	195	477
Nebraska	825	1,776	1,902	2,078	190	474
Nevada	851	1,497	1,351	2,845	263	757
New Hampshire	661	1,718	1,400	1,339	159	432
New Jersey	614	2,656	1,120	998	252	519
New Mexico	440	770	1,249	974	168	457
New York	1,062	2,788	2,140	2,200	425	634
North Carolina	492	807	721	1,011	166	293
North Dakota	947	2,264	1,235	1,680	234	474
Ohio	553	1,700	1,140	1,296	183	458
Oklahoma	762	1,294	1,067	1,696	295	506
Oregon	495	1,610	1,957	1,591	119	327
Pennsylvania	306	1,493	457	731	100	201
Puerto Rico	60	105	249	123	62	38
Rhode Island	776	1,252	1,329	2,542	204	365
South Carolina	351	451	534	580	132	363
South Dakota	618	1,335	597	1,480	168	330
Tennessee	491	840	644	921	158	363
Texas	815	1,294	421	1,626	195	549
Utah	583	2,004	1,234	1,996	203	335
Vermont	642	1,566	920	1,428	252	440
Virgin Islands	162	258	58	503	122	249
Virginia	560	1,184	842	1,222	198	447
Washington	650	1,668	879	1,336	226	498
West Virginia	311	474	373	533	168	307
Wisconsin	736	1,421	2,460	2,548	214	419
Wyoming	513	1,458	533	1,186	131	376

[1] No Title XIX program in effect.
[2] Data not reported.
[3] Source: "Medicaid State Tables," Fiscal Year 1976, Tables 2 and 3. See Technical Notes 3, 5, 6, 7, and 9 in Appendix.
[4] Other adults, aged 21-64, not included. See Technical Note 8 in Appendix.

ices' between males and females, with expenditures per female recipient approximately 15 percent higher than expenditures per male recipient.

TABLE 56.—RECIPIENTS OF MEDICAL VENDOR PAYMENTS UNDER MEDICAID BY AGE, FISCAL YEAR 1976 [5, 6]

(in thousands)

State	Total recipients [1,2]	Number of recipients by age in years				
		Under 6	6 - 20	21 - 64	65 and over	Not reported
Alabama	322	46	83	70	123	----------
Alaska	10	1	4	3	1	----------
Arizona	([4])	([4])	([4])	([4])	([4])	([4])
Arkansas	221	27	60	59	75	----------
California	3,394	407	950	1,120	543	373
Colorado	180	([2])	([2])	([2])	([2])	([2])
Connecticut	211	([2])	([2])	([2])	([2])	([2])
Delaware	52	11	21	15	5	----------
District of Columbia	153	22	61	54	16	----------
Florida	398	69	113	113	102	1
Georgia	591	104	144	202	141	----------
Guam	([2])	([2])	([2])	([2])	([2])	([2])
Hawaii	96	19	38	28	10	----------
Idaho	42	6	16	13	7	----------
Illinois	1,461	214	593	514	140	----------
Indiana	254	44	92	86	33	----------
Iowa	155	25	50	48	32	([3])
Kansas	158	30	62	40	27	----------
Kentucky	405	55	144	126	80	----------
Louisiana	429	54	106	101	91	78
Maine	126	16	44	48	18	----------
Maryland	356	52	143	107	54	----------
Massachusetts	836	156	322	231	127	----------
Michigan	979	169	385	315	110	----------
Minnesota	269	39	95	84	52	----------
Mississippi	300	37	100	74	89	----------
Missouri	366	50	132	96	88	----------
Montana	42	7	13	13	8	([3])
Nebraska	70	11	22	21	16	----------
Nevada	26	5	9	7	5	----------
New Hampshire	49	7	17	14	11	----------
New Jersey	656	111	275	202	68	----------
New Mexico	81	14	28	26	13	([3])
New York	2,884	([2])	([2])	([2])	([2])	([2])
North Carolina	346	48	83	141	74	----------
North Dakota	26	4	8	7	7	----------
Ohio	803	144	289	280	92	----------
Oklahoma	206	35	65	48	57	----------
Oregon	190	33	67	69	21	----------
Pennsylvania	2,241	390	894	771	187	----------
Puerto Rico	1,107	349	503	231	24	----------
Rhode Island	116	([2])	([2])	([2])	([2])	([2])
South Carolina	292	29	75	86	102	----------
South Dakota	40	7	12	10	11	----------
Tennessee	359	49	109	103	98	----------
Texas	723	92	189	181	261	----------
Utah	60	15	21	18	6	----------
Vermont	57	8	20	19	10	----------
Virgin Islands	9	3	4	1	1	----------
Virginia	320	46	115	96	63	----------
Washington	274	([2])	([2])	([2])	([2])	([2])
West Virginia	193	26	57	74	36	----------
Wisconsin	517	84	184	([2])	([2])	([2])
Wyoming	13	([2])	([2])	137	111	1
Totals [1]	23,462	3,172	6,814	6,099	3,244	454

[1] Totals may not add due to rounding.
[2] See Technical Note 10 in the Appendix.
[3] A total recipient count of less than 500 was reported.
[4] No Title XIX program in effect.
[5] Source: "Medicaid State Tables," Fiscal Year 1976, Tables 2 and 6. See Technical Notes 2, 3, 5, 6, 7, and 11 in the Appendix.
[6] Other adults, aged 21-64, not included. See Technical Note 8 in the Appendix.

TABLE 57.—AVERAGE MEDICAID PAYMENT PER RECIPIENT BY AGE, FISCAL YEAR 1976 [1, 4]

State	All recipients [1]	Under 6	6-20	21-64	65 and over
Alabama	488	162	189	578	760
Alaska	1,090	253	510	1,507	2,820
Arizona	[3]	[3]	[3]	[3]	[3]
Arkansas	527	186	187	641	829
California	513	257	293	731	962
Colorado	594	[2]	[2]	[2]	[2]
Connecticut	914	[2]	[2]	[2]	[2]
Delaware	343	160	110	527	1,130
District of Columbia	690	398	350	982	1,400
Florida	443	177	172	497	857
Georgia	414	99	229	486	735
Guam	[2]	[2]	[2]	[2]	[2]
Hawaii	467	215	177	591	1,729
Idaho	737	205	310	960	1,681
Illinois	509	242	169	728	1,555
Indiana	811	307	214	894	2,950
Iowa	780	293	302	812	1,864
Kansas	688	254	388	991	1,417
Kentucky	358	169	192	449	641
Louisiana	448	136	190	594	807
Maine	564	197	198	612	1,660
Maryland	546	290	219	735	1,289
Massachusetts	627	263	243	840	1,662
Michigan	720	267	342	1,003	1,930
Minnesota	1,188	221	332	1,698	2,642
Mississippi	371	145	121	471	660
Missouri	309	173	125	418	542
Montana	745	255	326	884	1,721
Nebraska	825	231	222	1,076	1,770
New Hampshire	851	360	300	1,406	1,512
Nevada	661	207	166	680	1,706
New Jersey	614	322	236	'652	2,514
New Mexico	440	196	204	677	731
New York	1,062	[2]	[2]	[2]	[2]
North Carolina	492	468	270	476	785
North Dakota	947	342	267	923	2,411
Ohio	553	249	205	682	1,733
Oklahoma	762	281	445	966	1,252
Oregon	495	131	248	583	1,594
Pennsylvania	306	118	119	348	1,430
Puerto Rico	60	66	60	48	105
Rhode Island	776	[2]	[2]	[2]	[2]
South Carolina	351	147	178	448	455
South Dakota	618	200	200	647	1,320
Tennessee	491	171	224	604	830
Texas	815	224	321	961	1,273
Utah	583	159	267	840	2,005
Vermont	642	259	304	714	1,516
Virgin Islands	162	164	93	273	258
Virginia	560	203	238	715	1,179
Washington	650	[2]	[2]	[2]	[2]
West Virginia	311	185	169	405	433
Wisconsin	736	191	368	1,030	1,400
Wyoming	513	[2]	[2]	[2]	[2]
Totals	$582	$201	$217	$657	$1,181

[1] Source: See Technical Note 12 in the Appendix.

[2] States did not submit reports showing payments and recipients by age for Fiscal Year 1976. See Technical Note 6 in the Appendix.

[3] No Title XIX program in effect.

[4] Other adults, aged 21-64, not included. See Technical Note 8 in the Appendix.

TABLE 58.—RECIPIENTS OF MEDICAL VENDOR PAYMENTS UNDER MEDICAID BY SEX, FISCAL YEAR 1976 [5, 6]

(in thousands)

State	Number of Recipients By Sex		
	Total [1,2]	Male	Female
Alabama	322	111	211
Alaska	10	4	6
Arizona	([4])	([4])	([4])
Arkansas	221	79	141
California	3,394	940	2,454
Colorado	180	([2])	([2])
Connecticut	211	([2])	([2])
Delaware	52	20	33
District of Columbia	153	52	101
Florida	398	133	265
Georgia	591	197	394
Guam	([2])	([2])	'([2])
Hawaii	96	41	55
Idaho	42	15	27
Illinois	1,461	515	946
Indiana	254	85	168
Iowa	155	55	99
Kansas	158	62	96
Kentucky	405	156	249
Louisiana	429	149	280
Maine	126	61	65
Maryland	356	137	218
Massachusetts	836	270	566
Michigan	979	368	611
Minnesota	269	101	168
Mississippi	300	'113	187
Missouri	366	128	238
Montana	42	16	25
Nebraska	70	25	45
Nevada	26	17	9
New Hampshire	49	17	32
New Jersey	656	240	416
New Mexico	81	30	51
New York	2,884	([2])	([2])
North Carolina	346	119	227
North Dakota	26	10	16
Ohio	803	293	510
Oklahoma	206	76	130
Oregon	190	72	117
Pennsylvania	2,241	855	1,387
Puerto Rico	1,107	400	707
Rhode Island	116	([2])	([2])
South Carolina	292	87	205
South Dakota	40	15	26
Tennessee	359	129	229
Texas	723	249	474
Utah	60	23	37
Vermont	57	22	35
Virgin Islands	9	4	6
Virginia	320	116	205
Washington	274	([2])	([2])
West Virginia	193	([3])	([3])
Wisconsin	517	198	319
Wyoming	13	([2])	([2])
Totals [1]	23,462	6,769 [6]	12,743 [6]

[1] Totals may not add due to rounding.

[2] See Technical Note 10 in the Appendix.

[3] Recipient data by sex is not available.

[4] No Title XIX program in effect.

[5] Source: "Medicaid State Tables," Fiscal Year 1976, Tables 2 and 6. See Technical Notes 2, 3, 5, 6, 7, and 11 in the Appendix.

[6] Other adults, aged 21-64, not included. See Technical Note 8 in the Appendix.

TABLE 59.—AVERAGE MEDICAID PAYMENT BY SEX, FISCAL YEAR 1976 [1, 4]

State	All recipients [1]	Male	Female
Alabama	$488	$386	$541
Alaska	1,090	1,274	977
Arizona	[3]	[3]	[3]
Arkansas	527	474	557
California	513	495	520
Colorado	594	[2]	[2]
Connecticut	914	[2]	[2]
Delaware	343	281	380
District of Columbia	690	655	709
Florida	442	365	481
Georgia	414	399	422
Guam	[2]	[2]	[2]
Hawaii	467	415	505
Idaho	737	721	745
Illinois	509	486	522
Indiana	810	713	860
Iowa	780	676	837
Kansas	688	632	725
Kentucky	358	324	379
Louisiana	448	427	474
Maine	564	533	594
Maryland	546	492	579
Massachusetts	627	634	623
Michigan	720	599	792
Minnesota	1,187	1,171	1,198
Mississippi	374	302	413
Missouri	309	255	338
Montana	745	683	796
Nebraska	825	786	846
Nevada	851	801	878
New Hampshire	661	541	726
New Jersey	614	496	682
New Mexico	440	400	464
New York	1,062	[2]	[2]
North Carolina	492	775	344
North Dakota	947	912	967
Ohio	553	455	609
Oklahoma	762	1,708	209
Oregon	495	474	508
Pennsylvania	306	298	311
Puerto Rico	60	67	56
Rhode Island	772	[2]	[2]
South Carolina	351	314	367
South Dakota	618	589	635
Tennessee	491	442	519
Texas	815	772	834
Utah	583	567	593
Vermont	642	571	688
Virgin Islands	162	154	168
Virginia	560	510	588
Washington	650	[2]	[2]
West Virginia	311	[5]	[5]
Wisconsin	736	734	738
Wyoming	513	[2]	[2]
Totals	$582	$485	$520

[1] Source: See Technical Note 12 in the Appendix.

[2] States did not submit reports showing payments and recipients by sex for Fiscal Year 1976. See Technical Note 6 in Appendix.

[3] No Title XIX program in effect.

[4] Other adults, aged 21-64, not included. See Technical Note 8 in the Appendix.

[5] Recipient and payment data by sex is not available.

O. AVERAGE MEDICAID PAYMENTS FOR RECIPIENTS OF AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)

Previous tables have examined the average payment per Medicaid recipient for various groups of recipients. Table 60, which shows the average Medicaid payment per AFDC cash assistance recipient, provides a look at Medicaid expenditures for the average number *eligible* throughout the year, as opposed to expenditures for number of different *recipients.* This analysis provides a more accurate picture of the yearly value of the Medicaid benefit package, by eliminating the effect of persons coming on the rolls for limited periods of time, using services, and then going off the rolls.

Table 61 portrays the average payment per AFDC recipient in each State.

TABLE 60.—AVERAGE ANNUAL MEDICAID EXPENDITURES FOR AFDC CASH ASSISTANCE RECIPIENTS, FISCAL YEAR 1977 [4]

Recipients of cash assistance under AFDC	Average monthly number of recipients of AFDC [1]	Annual Medicaid expenditures for AFDC cash assistance recipients [2]	Average Medicaid payment for recipients of AFDC cash assistance
Children	7,522,500	$2,040,552,089	$271
Adults	3,183,400	$2,059,742,731	$647
Families [3]	3,436,200	$4,100,294,820	$1,193
Total	10,705,900	$4,100,294,820	$383

[1] Source: "Public Assistance Statistics," each of twelve monthly reports, Fiscal Year 1977. See Technical Note 13 in the Appendix.

[2] Source: "Medicaid Statistics," cach of twelve monthly reports, Fiscal Year 1977. See Technical Note 14 in the Appendix.

[3] Average size of AFDC families: 3.1, including 0.9 adults and 2.2 children.

[4] Colorado, Georgia, and Guam are not included in the data reported in Table 60.

TABLE 61.—AVERAGE PAYMENT FOR PERSONS ELIGIBLE ON THE BASIS OF RECEIPT OF AID TO FAMILIES WITH DEPENDENT CHILDREN, FISCAL YEAR 1977 [3]

State	Families	Children	Adults
Alabama	820	160	560
Alaska	780	170	610
Arizona	(1)	(1)	(1)
Arkansas	770	180	460
California	1,310	310	700
Colorado	(2)	(2)	(2)
Connecticut	940	240	450
Delaware	930	200	590
District of Columbia	1,740	400	990
Florida	700	160	450
Georgia	(2)	(2)	(2)
Guam	(2)	(2)	(2)
Hawaii	1,470	310	760
Idaho	1,200	260	750
Illinois	1,750	380	860
Indiana	1,130	240	730
Iowa	1,220	260	710
Kansas	1,400	320	1,040
Kentucky	700	150	400
Louisiana	690	130	450

TABLE 61.—AVERAGE PAYMENT FOR PERSONS ELIGIBLE ON THE BASIS OF RECEIPT OF AID TO FAMILIES WITH DEPENDENT CHILDREN, FISCAL YEAR 1977—Continued

Maine	1,080	330	410
Maryland	990	250	560
Massachusetts	1,170	380	390
Michigan	1,330	270	760
Minnesota	1,440	330	970
Mississippi	580	120	350
Missouri	670	150	410
Montana	1,190	270	800
Nebraska	980	210	620
Nevada	1,420	260	1,110
New Hampshire	1,090	220	700
New Jersey	1,310	280	690
New Mexico	1,010	210	590
New York	1,800	430	830
North Carolina	750	160	560
North Dakota	1,500	360	940
Ohio	1,080	220	650
Oklahoma	870	260	340
Oregon	950	280	440
Pennsylvania	1,060	210	610
Puerto Rico	220	50	50
Rhode Island	1,140	250	650
South Carolina	760	150	540
South Dakota	710	170	440
Tennessee	720	190	420
Texas	1,020	200	670
Utah	110	30	60
Vermont	1,530	410	600
Virgin Islands	220	50	160
Virginia	980	230	610
Washington	1,220	280	680
West Virginia	1,000	220	600
Wisconsin	1,350	370	680
Wyoming	940	230	670
Total [1]	1,190	270	650

[1] Totals adjusted for those States that did not report cash assistance recipients and/or vendor payments. Figures differ from Table 60 due to rounding.

[2] Information not available for one of the factors—cash assistance recipients or vendor payments.

[3] Source: See footnotes 1 and 2 to Table 60.

P. AVERAGE MEDICAID PAYMENT FOR PERSONS ELIGIBLE ON THE BASIS OF RECEIPT OF A FEDERALLY ADMINISTERED SUPPLEMENTAL SECURITY INCOME (SSI) PAYMENT

Determination of the average Medicaid payment per SSI cash recipient is more difficult than the determination of average Medicaid payment per AFDC recipient, because the automatic link between receipt of cash assistance and eligibility for Medicaid was eliminated for aged, blind, and disabled persons upon implementation of the SSI program. States can limit Medicaid coverage to some more restrictive aspect of their Medicaid eligibility standard in effect in January 1972, in lieu of covering all SSI recipients. In the States choosing to restrict their Medicaid eligibility (see Table 7), SSI recipients are not automatically eligible for Medicaid.

Table 62 examines the average Medicaid payment for the average number of persons eligible for SSI throughout the year, in those 35 States which extend Medicaid coverage to all SSI recipients.

TABLE 62.—AVERAGE MEDICAID PAYMENT FOR PERSONS ELIGIBLE ON THE BASIS OF RECEIPT OF A FEDERALLY ADMINISTERED SSI PAYMENT, FISCAL YEAR 1977 [5]

State	Aged	Blind	Disabled
Alabama	$600	$635	$837
Alaska	3,947	671	5,711
Arizona	[1]	[1]	[1]
Arkansas	471	770	1,206
California	598	840	1,554
Colorado	[2]	[2]	[2]
Connecticut	[2]	[2]	[2]
Delaware	1,194	722	1,414
District of Columbia	2,254	1,256	2,264
Florida	394	515	808
Georgia	[4]	[4]	[4]
Guam	[3]	[3]	[3]
Hawaii	[2]	[2]	[2]
Idaho	116	228	343
Illinois	[2]	[2]	[2]
Indiana	[2]	[2]	[2]
Iowa	883	642	2,362
Kansas	966	1,005	2,454
Kentucky	829	572	1,120
Louisiana	572	490	840
Maine	703	577	1,231
Maryland	739	548	1,019
Massachusetts	980	508	1,777
Michigan	860	986	1,865
Minnesota	[2]	[2]	[2]
Mississippi	[2]	[2]	[2]
Missouri	[2]	[2]	[2]
Montana	1,010	1,523	2,217
Nebraska	[2]	[2]	[2]
Nevada	2,215	828	2,872
New Hampshire	[2]	[2]	[2]
New Jersey	846	1,118	1,308
New Mexico	397	986	1,073
New York	1,756	1,211	1,725
North Carolina	[2]	[2]	[2]
North Dakota	957	376	1,317
Ohio	[2]	[2]	[2]
Oklahoma	[2]	[2]	[2]
Oregon	756	1,051	800
Pennsylvania	908	567	1,457
Puerto Rico	[3]	[3]	[3]
Rhode Island	1,480	1,517	2,441
South Carolina	592	701	913
South Dakota	764	915	1,755
Tennessee	499	606	834
Texas	787	832	1,330
Utah	[2]	[2]	[2]
Vermont	966	718	1,482
Virgin Islands	[3]	[3]	[3]
Virginia	[2]	[2]	[2]
Washington	579	730	1,138
West Virginia	612	447	662
Wisconsin	922	3,286	3,264
Wyoming	684	264	772

[1] No Title XIX program in effect.

[2] State does not provide Title XIX coverage to all SSI recipients.

[3] No SSI program in effect in these jurisdictions.

[4] Not available.

[5] Source: "Supplemental Security Income for the Aged, Blind, and Disabled, Monthly Statistics," each of twelve monthly reports, Fiscal Year 1977. See Technical Note 15 in the Appendix.

Q. ANNUAL NEED AND PAYMENT STANDARDS FOR AFDC FAMILIES

Persons receiving a cash payment under a State's AFDC program are automatically eligible for Medicaid. Each State must specify a need standard (representing the cost of basic essentials such as food, shelter, clothing, as determined by the State), and a payment standard, which may be equal to or less than the need standard. A State has alternatives in using a percentage reduction to establish a reduced payment standard. In one method, the reduction is applied to the full need standard, thereby creating a reduced payment standard. In this case, persons with countable income equal to or greater than the payment standard are ineligible as categorically needy even though their countable income may be below the State's full need standard. If the State has a medically needy program, such families may be covered as medically needy if their income (after deduction of incurred medical expenses) meets the State medically needy income level and providing they are otherwise eligible. States may also establish a reduced payment standard by applying the percentage reduction to the deficit (need standard less income).

Under Federal regulations, a State's medically needy income level (Table 64) may not exceed 133 1/3% of the highest money payment that would ordinarily be made under the State AFDC plan to a family of the same size without income and resources, rounded to the next higher multiple of $100.

Amounts in Table 63 represent the highest levels for each State. Several States have standards which vary by region or by season.

TABLE 63.—MONTHLY NEED AND PAYMENT STANDARD FOR AN AFDC FAMILY OF 2 AND AN AFDC FAMILY OF 4, AS OF JULY 1, 1978 [2]

State	2 Person Family			4 Person Family		
	Need	Payment	Highest Amount Paid	Need	Payment	Highest Amount Paid
Alabama	$144	$ 89	$ 89	$240	$148	$148
Alaska	350	350	350	450	450	450
Arizona	180	135	135	282	212	212
Arkansas	193	133	133	273	188	188
California	297	287	287	444	423	423
Colorado [1]	217	217	217	326	326	326
Connecticut	341	341	341	492	492	492
Delaware	181	181	181	287	287	287
District of Columbia	226	203	203	349	314	314
Florida	150	128	128	230	196	196
Georgia	161	105	105	227	148	148
Guam	201	201	201	306	306	306
Hawaii	390	390	390	546	546	546
Idaho	298	260	260	421	367	367
Illinois	227	227	227	333	333	333

TABLE 63.—MONTHLY NEED AND PAYMENT STANDARD FOR AN AFDC FAMILY OF 2 AND AN AFDC FAMILY OF 4, AS OF JULY 1, 1978—Continued

Indiana	247	222	175	363	327	275
Iowa	275	275	275	395	395	395
Kansas	274	274	274	364	364	364
Kentucky	135	135	135	235	235	235
Louisiana	240	101	101	410	172	172
Maine	205	185	185	349	314	314
Maryland	203	172	172	314	267	267
Massachusetts	279	279	279	396	396	396
Michigan	309	309	309	449	449	449
Minnesota	300	300	300	424	424	424
Mississippi	188	188	60	252	252	101
Missouri	250	175	175	365	256	256
Montana	167	167	167	331	331	331
Nebraska	250	250	250	370	370	370
Nevada	229	185	185	341	276	276
New Hampshire	•263	263	263	346	346	346
New Jersey	247	247	247	374	374	374
New Mexico	160	160	154	239	239	229
New York	333	333	333	476	476	476
North Carolina	159	159	159	200	200	200
North Dakota	235	235	235	370	370	370
Ohio	284	192	192	431	291	291
Oklahoma	198	198	198	309	309	309
Oregon	297	271	271	441	403	403
Pennsylvania	260	260	260	373	373	373
Puerto Rico	78	78	34	126	126	54
Rhode Island [1]	297	297	297	418	418	418
South Carolina	144	144	78	229	229	124
South Dakota	259	259	259	340	340	340
Tennessee	142	97	97	217	148	148
Texas	115	86	86	187	140	140
Utah	316	243	243	486	374	374
Vermont	418	345	345	577	477	477
Virgin Islands	92	92	92	166	166	166
Virginia	267	240	240	372	335	335
Washington	308	308	308	439	439	439
West Virginia	219	164	164	332	249	249
Wisconsin	371	326	326	520	458	458
Wyoming	245	245	245	305	305	305

[1] Figures represent allowance for winter months. Allowance for summer months is lower. See Technical Note 16 in the Appendix.

[2] Source: AFDC Standards for Basic Needs, July 1978. HEW Publication No. SSA-79-11924 ORS Reg. D-2 (778).

R. INCOME LEVELS FOR THE MEDICALLY NEEDY

Table 64 shows the varying income levels established by States with medically needy programs. Persons and families meeting all other requirements for Medicaid eligibility (including resource levels, and belonging to one of the categorically related groups of aged, blind, disabled, or families with dependent children) can become eligible for medical assistance if their income falls below these levels, even though they are not receiving a cash assistance payment. For persons and

families with incomes above these levels, any medical expenses incurred can be deducted from income in determining eligibility, allowing these persons to "spend down" to Medicaid eligibility.

These levels, like the cash assistance levels, vary greatly among the States.

TABLE 64.—INCOME LEVELS FOR MEDICALLY NEEDY IN TITLE XIX PLANS IN OPERATION AS OF JULY 1978 [1]

(Annual Income)

State	Income Protected for Maintenance, By Number of Family Members				
	1	2	3	4	Plus Dollars for Additional Persons
Arkansas	$1700	$2200	$2600	$3100	5—$3500; 6—$3900; 7—$4200; 8—$4600; 9—$4900; 10—$5200; $300 for each additional person.
California	$2652	$3804	$4704	$5604	5—$6396; 6—$7200; 7—$7896; 8—$8604; 9—$9300; 10—$9996
Connecticut					
Region A	$3300	$4500	$5100	$6000	5—$6700; 6—$7500; 7—$8300; 8—$9200; 9—$9800; 10—$10,700
Region B	$3100	$4200	$4400	$5100	5—$5900; 6—$6600; 7—$7500; 8—$8300; 9—$8900; 10—$9800
Region C	$2900	$4100	$4300	$5000	5—$5700; 6—$6500; 7—$7200; 8—$8000; 9—$8700; 10—$9700
District of Columbia	$2300	$3500	$3700	$3900	5—$4352; 6—$5119; 7—$5875; 8—$6491; 9—$7139; 10—$7754.
Guam	$1500	$2500	$2800	$3000	5—$3200; 6—$3400; 7—$3600; 8—$3800; 9—$4000; 10—$4200; $200 for each additional person.
Hawaii	$3600	$4800	$5600	$6600	5—$7500; 6—$8400; 7—$9600; 8—$10,200; 9—$10,800; 10—$11,400; $600 for each additional person.
Illinois	$2100	$2600	$3100	$3800	5—$4500; 6—$5100; 7—$5800; 8—$6100; 9—$6700; 10—$7300; $576 for each additional person.
Kansas	$3400	$4000	$4400	$4900	5—$5400; 6—$5900; 7—$6200; 8—$6600; 9—$7000; 10—$7300; $360 for each additional person.
Kentucky	$1800	$2200	$3000	$3800	5—$4400; 6—$5000; 7—$5600; 8—$6200; 9—$6800; 10—$7400; $600 for each additional person.
Louisiana					
Urban	$1500	$1704	$2304	$2796	5—$3300; 6—$3696; 7—$4200; 8—$4596; 9—$5004; 10—$5496.
Louisiana					
Rural	$1296	$1500	$2100	$2604	5—$3096; 6—$3504; 7—$3996; 8—$4404; 9—$4800; 10—$5196.
Maine	$2520	$3200	$4300	$5400	5—$6400; 6—$7500; 7—$8600; 8—$9700; 9—$10,800; 10—$11,800; $1,068 for each additional person.
Maryland	$2300	$2800	$3300	$3800	5—$4300; 6—$4800; 7—$5300; 8—$5800; 9—$6300; 10—$6800; $504 for each additional person.
Massachusetts	$3600	$4500	$4680	$5280	5—$5880; 6—$6480; 7—$7080; 8—$7680; 9—$8280; 10—$9000; $720 for each additional person.
Michigan [2] (Wayne Co.)	$2598	$3468	$4200	$5040	5—$5856; 6—$6672; 7—$7428; 8—$8164; 9—$8490; 10—$9696; $756 for each additional person.
Minnesota	$2600	$3300	$3900	$4500	5—$5100: 6—$6000; 7—$6400; 8—$7000; 9—$7600; 10—$8200; $624 for each additional person.
Montana	$2004	$3444	$4008	$4572	5—$5136; 6—$5700; 7—$6264; 8—$6828; 9—$7392; 10—$7956.
Nebraska	$3100	$4000	$4800	$5600	5—$6400; 6—$7200; 7—$8000; 8—$8800; 9—$9600; 10—$10,400; $400 for each additional person.
New Hampshire	$3000	$3500	$4100	$4600	5—$5100; 6—$5700; 7—$6200; 8—$7000; 9—$7400; 10—$5200; $564 for each additional person.
New York	$3100	$4400	$4500	$5000	5—$5800; 6—$6500; 7—$7400; 8—$8096; 9—$8792; 10—$9488; $696 for each additional person.
North Carolina	$1700	$2200	$2500	$2800	5—$3000; 6—$3200; 7—$3400; 8—$3600; 9—$3800; 10—$4000; $100 for each additional person.
North Dakota	$2400	$3400	$4300	$5300	5—$6000; 6—$6600; 7—$7100; 8—$7400; 9—$7700; 10—$8000; $228 for each additional person.
Oklahoma	$2600	$3200	$4100	$5000	5—$5800; 6—$6600; 7—$7400; 8—$8000; 9—$8700; $600 for each additional person.
Pennsylvania	$2700	$4000	$4250	$4500	5—$5100; 6—$5550; 7—$6200; 8—$6850; 9—$7500; 10—$8150; $325 for each additional person.
Puerto Rico	$2500	$3200	$3800	$4400	5—$5000; 6—$5600; 7—$6200; 8—$6800; 9—$7400; 10—$8000; $600 for each additional person.

TABLE 64.—INCOME LEVELS FOR MEDICALLY NEEDY IN TITLE XIX PLANS IN OPERATION AS OF JULY 1978 [1]—Continued

Rhode Island	$3600	$4300	$5300	$6100	5—$6800; 6—$7700; 7—$8500; 8—$9300; 9—$10,000; $400 for each additional person.
Tennessee	$1404	$1600	$2000	$2400	5—$2800; 6—$3300; 7—$3700; 8—$4100; 9—$4600; 10—$5000; $264 for each additional person.
Utah	$2700	$3800	$4800	$5800	5—$7200; 6—$8400; 7—$8900; 8—$9400; 9—$9984; 10—$10,500.
Vermont	$3288	$4224	$5028	$5724	5—$6504; 6—$7008; 7—$7788; 8—$8520; 9—$9216; 10—$9912; $696 for each additional person.
Virgin Islands	$2200	$2800	$3200	$3600	5—$4100; 6—$4500; 7—$5000; 8—$5400; 9—$5800; 10—$6300; $440 for each additional person.
Virginia					
Group I	$2300	$2700	$3100	$3500	5—$3900; 6—$4300; 7—$4800; 8—$5300; 9—$5800; 10—$6400; $600 for each additional person.
Group II	$2500	$3100	$3400	$3800	5—$4200; 6—$4600; 7—$5100; 8—$5600; 9—$6100; 10—$6700; $600 for each additional person.
Group III	$2900	$3500	$3900	$4300	5—$4800; 6—$5300; 7—$5800; 8—$6400; 9—$6900; 10—$7400; $600 for each additional person.
Washington	$2772	$3948	$4500	$5268	5—$6036; 6—$6804; 7—$7572; 8—$8340; 9—$9108; 10—$9876; $64 for each additional person.
West Virginia	$2000	$2200	$2800	$3300	5—$3800; 6—$4300; 7—$4800; 8—$5400; 9—$6000; 10—$6600; $600 for each additional person.
Wisconsin	$3400	$5000	$5300	$6300	5—$7200; 6—$7800; 7—$8400; 8—$9000; 9—$9400; 10—$9600; $300 for each additional person.

[1] The following 20 States are not listed since they do not include the "medically needy" in the scope of the program: Alabama, Alaska, Colorado, Delaware, Florida, Georgia, Idaho, Indiana, Iowa, Mississippi, Missouri, Nevada, New Jersey, New Mexico, Ohio, Oregon, South Carolina, South Dakota, Texas, and Wyoming.

[2] There are five additional district scales, ranging from $2346 to $3108 for a family of one.

IV. Administrative Information and Data

The fourth section of this report (Tables 65-74) provides information on various aspects of the administration of the Medicaid program.

A. COST OF MEDICAID ADMINISTRATION

Medicaid is a program which is administered by the States under general Federal guidelines. With the exception of salaries and expenses of the Federal staff who oversee the program, and a relatively small direct Federal expenditure for support of review activities of Medicaid inpatient hospital services by Professional Standards Review Organizations (PSROs), all administrative costs of the program occur at the State and local levels.

Administrative costs are generally matched by a 50 percent Federal contribution, with the exception that the Federal government will match 90 percent of the costs of developing automated claims processing and management information systems, and 75 percent of the costs of operating such systems. In addition, the costs of professional medical personnel used in program administration are matched at a 75 percent rate, and the costs of skilled nursing facility inspectors are matched at a 100 percent rate.

The following table, Table 65, shows total expenditures for administration and training for the Medicaid program in each State for Fiscal Years 1973, 1974, 1975, 1976, and 1977.

TABLE 65.—TOTAL (FEDERAL AND STATE) COST OF STATE ADMINISTRATION AND TRAINING FOR MEDICAID BY STATE, FISCAL YEAR 1973 TO FISCAL YEAR 1977 [2]

(in thousands of dollars)

State	Fiscal year 1973	1974	1975	1976	1977
Alabama	$3,388	$4,535	$6,283	$7,127	6,850
Alaska	183	488	830	955	896
Arizona	(1)	(1)	(1)	(1)	(1)
Arkansas	783	1,315	2,609	5,105	5,760
California	87,616	89,287	98,559	112,998	142,713
Colorado	3,865	4,357	5,673	5,670	6,439
Connecticut	4,836	4,609	5,795	6,289	7,336
Delaware	407	651	718	880	1,040
District of Columbia	4,028	4,450	4,852	7,422	7,917
Florida	3,766	6,113	9,162	9,365	12,232
Georgia	2,110	4,369	7,413	11,565	15,855
Guam	58	22	53	71	77
Hawaii	1,423	1,579	1,636	2,088	3,131
Idaho	535	578	1,239	1,717	2,490
Illinois	24,541	22,726	23,233	29,105	44,746
Indiana	5,455	5,584	11,254	12,236	14,109
Iowa	1,951	3,636	5,058	6,647	6,655
Kansas	2,568	3,851	5,180	6,332	6,914
Kentucky	4,077	3,985	6,150	8,775	10,579
Louisiana	1,592	2,835	4,502	5,776	8,852
Maine	1,352	1,480	2,098	2,569	2,876
Maryland	8,590	9,389	11,772	12,191	13,523
Massachusetts	11,227	16,921	26,095	27,836	27,280
Michigan	18,674	22,788	46,567	58,172	73,988
Minnesota	5,341	7,139	12,023	14,285	19,544
Mississippi	2,379	4,614	6,689	7,472	7,781
Missouri	1,685	2,207	3,015	4,970	7,191
Montana	842	1,266	1,787	2,211	2,991
Nebraska	1,272	3,076	5,687	7,289	6,431
Nevada	862	1,309	1,779	2,323	2,590
New Hampshire	1,122	1,519	2,488	2,306	3,419
New Jersey	11,171	12,502	15,727	18,675	21,993
New Mexico	1,953	2,013	1,688	2,733	3,219
New York	97,537	78,928	70,138	80,241	113,903
North Carolina	5,238	6,586	9,295	10,348	17,087
North Dakota	610	957	1,372	1,592	2,072
Ohio	4,458	11,609	23,298	25,216	30,600
Oklahoma	4,181	5,393	9,960	13,810	16,840
Oregon	2,922	4,381	6,282	6,939	9,423
Pennsylvania	14,863	15,829	19,919	24,129	34,671
Puerto Rico	4,173	5,057	5,625	4,740	5,269
Rhode Island	1,568	2,032	2,840	3,075	3,882
South Carolina	1,400	1,727	3,501	6,570	8,194
South Dakota	643	1,137	2,243	1,560	1,954
Tennessee	3,016	3,757	5,602	6,735	7,573
Texas	6,385	17,202	17,557	36,825	59,090
Utah	771	1,846	4,057	3,691	3,773
Vermont	1,120	1,378	1,871	1,902	3,262
Virgin Islands	402	274	198	268	373
Virginia	6,089	7,843	9,109	10,146	10,290
Washington	3,746	7,445	8,747	11,335	15,029
West Virginia	1,850	1,293	2,940	3,820	4,627
Wisconsin	10,517	7,386	6,863	7,763	10,610
Wyoming	161	261	351	564	616
Total	$391,302	$433,512	$549,377	$664,426	$856,557

[1] No Title XIX program in effect.

[2] Source: "State Expenditures for the Medical Assistance Program," Fiscal Year 1977. See Technical Note 1 in the Appendix.

B. FEDERAL STAFF IN THE MEDICAID PROGRAM

The Federal unit responsible for overseeing the Medicaid program is the Health Care Financing Administration.

Federal employees have no direct responsibility for the operation of individual Medicaid programs, which are administered at the State (and local) level. They are responsible, however, for oversight of the State administration of the program.

The number of Federal staff directly involved in Medicaid from 1970 to 1979 is shown in Table 66. The increase in regional staff between 1977 and 1978 is to a large extent the result of the reorganization of HEW. During the reorganization, staff functions formerly at the SRS level (Financial Management and Special Initiatives) were assigned to the Medicaid Bureau regional staff.

TABLE 66.—FEDERAL PERSONNEL EMPLOYED IN THE MEDICAID PROGRAM, 1970-1979 [1]

	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979
Central Office	168	167	167	182	127	125	172	252	315	343
Regional Offices	59	59	134	120	97	136	172	190	393	496
Total	227	226	301	302	224	261	344	442	708	839

[1] Source: Health Care Financing Administration.

C. STATE AGENCY RESPONSIBLE FOR ADMINISTRATION OF MEDICAID

Federal law requires that one State agency must be designated as the single State agency responsible for the administration of the Medicaid program. Traditionally, that agency has been either the State welfare agency, the State health agency, or the umbrella human resources agency. Tables 67 and 68 provide information on the agencies in each State which administer the Medicaid program.

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TABLE 67.—TYPE OF AGENCY ADMINISTERING MEDICAID BY STATE

State	Health	Welfare	Umbrella	Other
Alabama [1]				X
Alaska			X	
Arizona [2]				
Arkansas			X	
California	X			
Colorado		X		
Connecticut		X		
Delaware			X	
District of Columbia			X	
Florida			X	
Georgia [3]				X
Guam			X	
Hawaii		X		
Idaho			X	
Illinois		X		
Indiana		X		
Iowa		X		
Kansas			X	
Kentucky			X	
Louisiana			X	
Maine			X	
Maryland	X			
Massachusetts		X		
Michigan		X		
Minnesota		X		
Mississippi [4]				X
Missouri			X	
Montana		X		
Nebraska		X		
Nevada			X	
New Hampshire			X	
New Jersey [5]				X
New Mexico			X	
New York		X		
North Carolina			X	
North Dakota		X		
Ohio		X		
Oklahoma			X	
Oregon			X	
Pennsylvania		X		
Puerto Rico	X			
Rhode Island			X	
South Carolina		X		
South Dakota		X		
Tennessee	X			
Texas		X		
Utah		X		
Vermont		X		
Virgin Islands	X			
Virginia	X			
Washington	X			
West Virginia		X		
Wisconsin			X	
Wyoming			X	

[1] Office of the Governor.
[2] No Medicaid program.
[3] Independent agency.
[4] Independent commission for Medicaid.
[5] Department of Human Services.
Source: Public Welfare Directory, 1978-1979.

Table 68.—MEDICAID DIRECTORY

Single State Agencies and State Medical Assistance Units

Alabama (region IV):
Single State agency and Medical assistance unit:
Medical Services Administration
2500 Fairlane Drive
Montgomery, Alabama 36130
205/277-2710

Alaska (region X):
Single State agency:
Department of Health and Social Services
Pouch H-01
Juneau, Alaska 99811
907/465-3030
Medical assistance unit:
Division of Public Assistance
Department of Health and Social Services
Pouch H-07
Juneau, Alaska 99811
907/465-3355

Arkansas (region VI):
Single State agency:
Department of Human Services
406 National Old Line Building
Little Rock, Arkansas 72201
501/371-1001
Medical assistance unit:
Office of Medical Services
Division of Social Services
Department of Human Services
P.O. Box 1437
Little Rock, Arkansas 72203
501/371-1806

California (region IX):
Single State agency:
Department of Health Services
714 P Street—Room 1253
Sacramento, California 95814
916/445-1248
Medical assistance unit:
Assistant Director
State Dept. of Health Services
714 P Street
Sacramento, California 95814
916/445-1351

Colorado (region VIII):
Single State agency:
Department of Social Services
1575 Sherman Street
Denver, Colorado 80203
303/839-3041
Medical assistance unit:
Division of Medical Assistance
Department of Social Services
1575 Sherman Street
Denver, Colorado 80203
303/839-3031

Connecticut (region I):
Single State agency:
Dept. of Income Maintenance
110 Bartholomew Avenue
Hartford, Connecticut 06106
203/566-2008
Medical assistance unit:
Medical Care Administration
Dept. of Income Maintenance
110 Bartholomew Avenue
Hartford, Connecticut 06106
203/566-4120

Delaware (region III):
Single State agency:
Department of Health and Social Services
Delaware State Hospital
New Castle, Delaware 19720
302/421-6705
Medical assistance unit:
Medical Assistance Services
Department of Health and Social Services
Wilmington, Delaware 19720
302/421-6361

District of Columbia (region III):
Single State agency:
Department of Human Resources
District Building—Room 406
1350 E Street, NW
Washington, D.C. 20004
202/629-3079
Medical assistance unit:
Medical Services Division
614 H Street, NW—Room 708
Washington, D.C. 20001
202/727-0735

Florida (region IV):
Single State agency:
Department of Health and Rehabilitative Services
1323 Winewood Boulevard
Tallahassee, Florida 32301
904/488-7721
Medical assistance unit:
Social & Economic Services
Department of Health and Rehabilitative Services
1323 Winewood Boulevard
Tallahassee, Florida 32301
904/488-5461

Georgia (region IV):
Single State agency:
Georgia Department of Medical Assistance
1010 West Peachtree St., NW
Atlanta, Georgia 30309
404/894-4911
Medical assistance unit:
Department of Medical Assistance
1010 West Peachtree Street, NW
Atlanta, Georgia 30309
404/894-4911

Table 68.—MEDICAID DIRECTORY—Continued

Single State Agencies and State Medical Assistance Units

Guam (region IX):
Single State agency:
Department of Public Health and Social Services
P.O. Box 2816
Agana, Guam 96910
Overseas Operator: 734-9901
Medical assistance unit:
Medical Care Service
Department of Public Health and Social Services
P.O. Box 2719
Agana, Guam 96910
Overseas Operator: 734-9901

Hawaii (region IX):
Single State agency:
Department of Social Services and Housing
P.O. Box 339
Honolulu, Hawaii 96809
808/548-6260
Medical assistance unit:
Medical Care Administration
Department of Social Services and Housing
P.O. Box 339
Honolulu, Hawaii 96809
808/548-6584

Idaho (region X):
Single State agency:
Department of Health and Welfare
Statehouse
Boise, Idaho 83720
208/384-2336
Medical assistance unit:
Bureau of Medical Assistance
Department of Health and Welfare
Statehouse
Boise, Idaho 83720
208/384-3556

Illinois (region V):
Single State agency:
Illinois Dept. of Public Aid
316 South Second Street
Springfield, Illinois 62762
217/782-6716
Medical assistance unit:
Division of Medical Program Services
931 E. Washington Street
Springfield, Illinois 62763
217/782-0506

Indiana (region V):
Single State agency:
Indiana Dept. of Public Welfare
State Office Building
100 North Senate Avenue—Room 701
Indianapolis, Indiana 46204
317/633-6650
Medical assistance unit:
Assistant Administrator—Medicaid
State Dept. of Public Welfare
100 North Senate Avenue
Room 701
Indianapolis, Indiana 46204
317/633-5582

Iowa (region VII):
Single State agency:
Department of Social Services
Hoover State Office Building
Des Moines, Iowa 50319
515/281-5452
Medical assistance unit:
Medical Services Section
Department of Social Services
Hoover State Office Bldg.—5th Fl.
Des Moines, Iowa 50319
515/281-5452

Kansas (region VII):
Single State agency:
Department of Social and Rehabilitation Service
State Office Building
Topeka, Kansas 66612
913/296-3271
Medical assistance unit:
Medical Services Section
Department of Social and Rehabilitation Service
State Office Building
Topeka, Kansas 66612
913/296-3981

Kentucky (region IV):
Single State agency:
Department of Human Resources
DHR Building
Frankfort, Kentucky 40601
502/564-7130
Medical assistance unit:
Division for Medical Assistance
Department of Human Resources
Frankfort, Kentucky 40601
502/564-4321

Louisiana (region VI):
Single State agency:
Louisiana Health and Human Resources Administration
P.O. Box 3776
Baton Rouge, Louisiana 70821
504/389-7611
Medical assistance unit:
Medical Assistance Program Administration
Office of Family Security
P.O. Box 44065
Baton Rouge, Louisiana 70804
504/389-3870

Table 68.—MEDICAID DIRECTORY—Continued

Single State Agencies and State Medical Assistance Units

Maine (region I):
Single State agency:
Department of Human Services
Statehouse
Augusta, Maine 04333
207/289-2736
Medical assistance unit:
Bureau of Medical Services
Department of Human Services
Statehouse
Augusta, Maine 04333
207/289-3846

Maryland (region III):
Single State agency:
Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201
301/383-2600
Medical assistance unit:
Medical Programs
Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, Maryland 21201
301/383-6327

Massachusetts (region I):
Single State agency:
Department of Public Welfare
600 Washington Street
Boston, Massachusetts 02111
617/727-6190
Massachusetts Commission for the Blind
110 Tremont Street
Boston, Massachusetts 02108
617/727-5580
Medical assistance unit:
Medical Assistance
Department of Public Welfare
600 Washington Street
Boston, Massachusetts 02111
617/727-6095/3907
Medical Assistance
Massachusetts Commission for the Blind
110 Tremont Street
Boston, Massachusetts 02108
617/727-5590

Michigan (region V):
Single State agency:
Michigan Department of Social Services
Commerce Center Building
300 South Capitol Avenue
Lansing, Michigan 48926
517/373-2000
Medical assistance unit:
Medical Services Administration
Department of Social Services
300 South Capitol Avenue
Lansing, Michigan 48926
517/373-1970

Minnesota (region V):
Single State agency:
Department of Public Welfare
Centennial Office Building
658 Cedar Street
Saint Paul, Minnesota 55155
612/296-2701
Medical assistance unit:
Medical Assistance Program
Bureau of Income Maintenance
Department of Public Welfare
690 North Robert Street—
P.O. Box 43170
Saint Paul, Minnesota 55164
612/296-8517

Mississippi (region IV):
Single State agency and Medical assistance unit:
Mississippi Medicaid Commission
4785 I-55 North
P.O. Box 16786
Jackson, Mississippi 39206
601/354-7464

Missouri (region VII):
Single State agency:
Department of Social Services
Broadway State Office Building
Jefferson City, Missouri 65101
314/751-4815
Medical assistance unit:
Division of Family Services
Department of Social Services
Broadway State Office Building
Jefferson City, Missouri 65101
314/751-2500

Montana (region VIII):
Single State agency:
Department of Social and Rehabilitation Services
P.O. Box 4210
Helena, Montana 59601
406/449-5622
Medical assistance unit:
Medical Assistance Bureau
Economic Assistance Division
Department of Social and Rehabilitation Services
P.O. Box 4210
Helena, Montana 59601
406/449-3952

Nebraska (region VII):
Single State agency:
Department of Public Welfare
301 Centennial Mall South
5th Floor
Lincoln, Nebraska 68509
402/471-3121

Table 68.—MEDICAID DIRECTORY—Continued

Single State Agencies and State Medical Assistance Units

Medical assistance unit:
Medical Services Division
Department of Public Welfare
301 Centennial Mall South
5th Floor
Lincoln, Nebraska 68509
402/471-3121

Nevada (region IX):
Single State agency:
Department of Human Resources
Kinkead Building Capitol Complex
505 East King Street
Carson City, Nevada 89710
702/885-4730

Medical assistance unit:
Medical Care Section (Title XIX)
Welfare Division
Department of Human Resources
251 Jeanell Drive
Capitol Complex
Carson City, Nevada 89710
702/885-4775

New Hampshire (region I):
Single State agency:
Department of Health and Welfare Services
Hazen Drive
Concord, New Hampshire 03301
603/271-4331

Medical assistance unit:
Office of Medical Services
Hazen Drive
Concord, New Hampshire 03301
603/271-3706

New Jersey (region II):
Single State agency:
Department of Human Services
Capitol Place 1
Trenton, New Jersey 08625
609/292-3717

Medical assistance unit:
Division of Medical Assistance and Health Services
Department of Human Services
324 East State Street
Trenton, New Jersey 08625
609/292-7244

New Mexico (region VI):
Single State agency:
Department of Human Services
P.O. Box 2348
Sante Fe, New Mexico 87503
505/827-2371

Medical assistance unit:
Medical Assistance Bureau
Department of Human Services
P.O. Box 2348
Sante Fe, New Mexico 87503
505/827-5551

New York (region II):
Single State agency:
State Dept. of Social Services
Ten Eyck Office Building
40 North Pearl Street
Albany, New York 12243
518/474-9475

Medical assistance unit:
Division of Medical Assistance
State Dept. of Social Services
Ten Eyck Office Building
40 North Pearl Street
Albany, New York 12243
518/474-9132

North Carolina (region IV):
Single State agency:
Department of Human Resources
325 N. Salisbury Street
Raleigh, North Carolina 27611
919/733-4534

Medical assistance unit:
Division of Medical Assistance
Department of Human Resources
336 Fayetteville Street Mall
Raleigh, North Carolina 27601
919/733-2060

North Dakota (region VIII):
Single State agency:
Social Service Board of North Dakota
State Capitol Building
Bismarck, North Dakota 58505
701/224-2310

Medical assistance unit:
Medical Service
Social Service Board of North Dakota
State Capitol Building
Bismarck, North Dakota 58505
701/224-2321

Ohio (region V):
Single State agency:
Department of Public Welfare
30 East Broad Street, 32nd floor
Columbus, Ohio 43215
614/466-6282

Medical assistance unit:
Division of Medical Assistance
Department of Public Welfare
30 East Broad Street, 31st floor
Columbus, Ohio 43215
614/466-2365

Oklahoma (region VI):
Single State agency:
Department of Institutions
Social and Rehabilitative Services
P.O. Box 25352
Oklahoma City, Oklahoma 73125
405/521-3646

Table 68.—MEDICAID DIRECTORY—Continued

Single State Agencies and State Medical Assistance Units

Medical assistance unit:
Medical Units
Department of Institutions
Social and Rehabilitative Services
P.O. Box 25352
Oklahoma City, Oklahoma 73125
405/521-3801

Oregon (region X):
Single State agency:
Department of Human Resources
318 Public Service Building
Salem, Oregon 97310
503/378-3034
Medical assistance unit:
Adult and Family Services Division
Department of Human Resources
203 Public Service Building
Salem, Oregon 97310
503/378-2263

Pennsylvania (region III):
Single State agency:
State Department of Public Welfare
Health and Welfare Building
Harrisburg, Pennsylvania 17120
717/787-2600/3600
Medical assistance unit:
Bureau of Medical Assistance
State Department of Public Welfare
7th and Forester Streets
Harrisburg. Pennsylvania 17120
717/787-1174

Puerto Rico (region II):
Single State agency:
Department of Health
P.O. Box 9342
Santurce, Puerto Rico 00908
809/751-8259
Medical assistance unit:
Health Economy Office
Department of Health
P.O. Box 10037
Caparra Heights Station
Rio Piedras, Puerto Rico 00922
809/765-9941

Rhode Island (region I):
Single State agency:
Department of Social and Rehabilitative Services
Aime J. Forand Building
600 New London Avenue
Cranston, Rhode Island 02920
401/464-2121
Medical assistance unit:
Division of Medicaid Services
Department of Social and Rehabilitative Services
Aime J. Forand Building
600 New London Avenue
Cranston, Rhode Island 02920
401/464-2174

South Carolina (region IV):
Single State agency:
State Department of Social Services
P.O. Box 1520
Columbia, South Carolina 29202
803/758-3244
Medical assistance unit:
Health Care Financing
State Department of Social Services
P.O. Box 1520
Columbia, South Carolina 29202
803/758-8182

South Dakota (region VIII):
Single State agency:
Department of Social Services
Kneip Building
Pierre, South Dakota 57501
605/773-3165
Medical assistance unit:
Office of Medical Services
Department of Social Services
State Office Building III
Pierre, South Dakota 57501
605/224-3495

Tennessee (region IV):
Single State agency:
Department of Public Health
344 Cordell Hull Building
Nashville, Tennessee 37219
615/741-3111
Medical assistance unit:
Bureau of Medicaid Administration and Coordination
Department of Public Health
283 Plus Park Boulevard
Nashville, Tennessee 37219
615/741-6345

Texas (region VI):
Single State agency:
Department of Human Resources
John H. Reagan Building
Austin, Texas 78701
512/475-5777
Medical assistance unit:
Deputy Commissioner for Medical Programs
John H. Reagan Building
Austin, Texas 78701
512/475-3542

Utah (region VIII):
Single State agency:
Department of Social Services
150 West North Temple
Salt Lake City, Utah 84103
801/533-5331

Table 68.—MEDICAID DIRECTORY—Continued

Single State Agencies and State Medical Assistance Units

Medical assistance unit:
Office of Health Care Financing
Department of Social Services
150 West North Temple
Salt Lake City, Utah 84103
801/533-5038

Vermont (region I):
Single State agency:
Agency of Human Services
State Office Building
Four East State Street
Montpelier, Vermont 05602
802/241-2220
Medical assistance unit:
Division of Medical Care
Department of Social Welfare
State Office Building
Montpelier, Vermont 05602
802/241-2880

Virgin Islands (region II):
Single State agency:
Department of Health
Charlotte Amalie
St. Thomas, Virgin Islands 00801
809/774-0117
Medical assistance unit:
Bureau of Health Insurance and Medical Assistance
Department of Health
Franklin Building
Charlotte Amalie
St. Thomas, Virgin Islands 00801
809/774-4624

Virginia (region III):
Single State agency:
State Department of Health
109 Governor Street
Richmond, Virginia 23219
804/786-3561
Medical assistance unit:
Medical Assistance Program
State Department of Health
109 Governor Street
Richmond, Virginia 23219
804/786-7933

Washington (region X):
Single State agency:
Health Services Division
Department of Social and Health Services
Mail Stop OB 44J
Olympia, Washington 98504
206/753-5871
Medical assistance unit:
Office of Medical Assistance
Department of Social and Health Services
Mail Stop LK-11
Olympia, Washington 98504
206/753-5839

West Virginia (region III):
Single State agency:
Office of Assistant Commissioner of Medical Services
1900 Washington Street, East
Charleston, West Virginia 25305
304/348-2400
Medical assistance unit:
Division of Medical Care
Department of Welfare
1900 Washington Street, East
Charleston, West Virginia 25305
304/348-8900

Wisconsin (region V):
Single State agency:
Department of Health and Social Services
One West Wilson Street—Rm. 663
Madison, Wisconsin 53702
608/266-3681
Medical assistance unit:
Bureau of Health Financing
Division of Health
Department of Health and Social Services
One West Wilson Street—Rm. 325
Madison, Wisconsin 53702
608/266-2522

Wyoming (region VIII):
Single State agency:
Department of Health and Social Services
317 Hathaway Building
Cheyenne, Wyoming 82002
307/777-7657
Medical assistance unit:
Medical Assistance Services
Division of Health and Social Services
Department of Health and Social Services
417 Hathaway Building
Cheyenne, Wyoming 82002
307/777-7533

Although the single State agency bears ultimate responsibility for administration of the Medicaid program, that agency often contracts with other State agencies for carrying out some of the functions necessary to the program. For example, the State health agency is responsible for surveying and certifying health facilities, even though it may not be designated as the single State agency. The State welfare agency normally carries out the function of determining Medicaid eligibility for families and medically needy persons.

Since the implementation of the Federal welfare program for aged, blind and disabled persons (the Supplemental Security Income program, known as SSI), States may also contract with the Social Security Administration, which administers SSI, to determine Medicaid eligibility for persons receiving a Federal SSI payment or a Federally-administered supplementary payment. (A State may contract with Social Security only if they provide Medicaid to all SSI recipients; if they have exercised their option to retain any aspect of their Medicaid standard in effect prior to the implementation of SSI, they must perform their own eligibility determinations.) Table 69 indicates whether this function is carried out by the Federal agency or by the State.

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TABLE 69.—ARRANGEMENTS FOR DETERMINING MEDICAID ELIGIBILITY FOR PERSONS RECEIVING SSI OR A MANDATORY SUPPLEMENT, BY STATE, JANUARY, 1979

State	Level at which Medicaid eligibility for SSI recipients is determined	Level at which Medicaid eligibility for recipients of mandatory supplement is determined
Alabama	Federal	Federal
Alaska	State	State
Arizona	[1]	[1]
Arkansas	Federal	Federal
California	Federal	Federal
Colorado	State	State
Connecticut	State [2]	State
Delaware	Federal	Federal
District of Columbia	Federal	Federal
Florida	Federal	Federal
Georgia	Federal	Federal
Hawaii	State [2]	State
Idaho	State	State
Illinois	State [2]	State
Indiana	State [2]	State
Iowa	Federal	Federal
Kansas	State	State
Kentucky	Federal	Federal
Louisiana	Federal	Federal
Maine	Federal	Federal
Maryland	Federal	Federal
Massachusetts	Federal	Federal
Michigan	Federal	Federal
Minnesota	State [2]	State
Mississippi	State [2]	State
Missouri	State [2]	State
Montana	Federal	Federal
Nebraska	State [2]	State
Nevada	State	State
New Hampshire	State [2]	State
New Jersey	Federal	Federal
New Mexico	Federal	Federal
New York	Federal	Federal
North Carolina	State [2]	State
North Dakota	State	State
Ohio	State [2]	State
Oklahoma	State [2]	State
Oregon	State	State
Pennsylvania	Federal	Federal
Rhode Island	Federal	Federal
South Carolina	Federal	Federal
South Dakota	Federal	Federal
Tennessee	Federal	Federal
Texas	Federal	[3]
Utah	State [2]	State
Vermont	Federal	Federal
Virginia	State [2]	State
Washington	Federal	State
West Virginia	Federal	Federal
Wisconsin	Federal	Federal
Wyoming	Federal	Federal
Totals	Federal-29	Federal-27
	State-21	State-22

[1] No Medicaid program.

[2] Has retained at least some aspect of its pre-SSI eligibility standard, so is not able to contract with the Federal agency for eligibility determinations.

[3] No mandatory supplement.

Source: DHEW, HCFA.

Table 70.—CLAIMS PROCESSING CONTRACTS, BY TYPE OF SERVICE BY FISCAL AGENTS AND HEALTH INSURING AGENTS

KEY: [X] All Claims processed by Agent

[10] Number is percent of claims processed by Agent. Remainder are processed by State.

State	Services Covered: Inpatient Hospital Care	Physicians' Services	Dental Services	Prescribed Drugs	Skilled Nursing Facilities	Intermediate Care Facilities	Notes
Alabama	X	X	X	X	X	X	
Alaska			X				EPSDT Only
Arizona							
Arkansas	X	X	X	X			
California	X	X	X	X	X	X	
Colorado	X	X	X				
Connecticut				X			
Delaware	X	X	X	X	X	X	
District of Columbia							
Florida	X	X	X	X	X	X	Fiscal Agents handle Medicare Parts A & B deduct. & coinsurance
Georgia							
Guam							
Hawaii	X	X	X	X	X	X	
Idaho	X	X	X	X	X	X	EPSDT Only
Illinois	10						Fiscal Agent handles Medicare part A only
Indiana	X	X	X	X	X	X	
Iowa	X	X	X	X	X		
Kansas	X	X	X	X			Fiscal Agent handles Medicare SNF crossover claims
Kentucky							
Louisiana	X	X	X	X	X	X	
Maine				X			
Maryland							
Massachusetts	20	20	X	X			Fiscal Agent handles Medicare Part A and B
Michigan							
Minnesota							
Mississippi	X	X	X	X	X	X	
Missouri							
Montana	X	X	X	X	X	X	
Nebraska							
Nevada	X	X	X	X	X	X	
New Hampshire							
New Jersey	X	X	X				
New Mexico	X	X	X	X	X	X	
New York	X	X	X	X	X	X	N.Y. City only
North Carolina	X	X	X	X	X	X	
North Dakota	10	10					
Ohio							
Oklahoma							
Oregon							
Pennsylvania	X	X		X			
Puerto Rico							
Rhode Island							
South Carolina		X	X				
South Dakota	X						
Tennessee	X	X	X	X	X	X	
Texas	X	X				X	
Utah			X				
Vermont	X	X	X	X			
Virgin Islands							
Virginia	X	X	X	X	X	X	
Washington	X	X	X	X	X	X	
West Virginia							
Wisconsin	X	X	X	X	X	X	
Wyoming			X				

Prepared by: HCFA, 1-1-79

D. CLAIMS PROCESSING FOR SPECIFIED MEDICAID SERVICES

States may process claims for reimbursement themselves or contract with fiscal agents or health insuring agencies to process those claims. Table 70 breaks out claims processing for selected services in each State according to whether the State processes the claim or contracts with a fiscal agent or health insuring agent to process claims for that service. More detailed information follows in Table 71.

TABLE 71.—FISCAL AGENTS AND HEALTH INSURING AGENCIES IN THE MEDICAID PROGRAM, JANUARY 1979

State	Name of Fiscal Agent(s) or Health Insuring Agency	Types of Claims Handled
Alabama	Blue Cross/Blue Shield of Alabama	All services.
Alaska	Delta Dental Plan of Alaska Incorporated	Dental (EPSDT only).
Arizona	(No Medicaid Program)	
Arkansas	Arkansas Blue Cross/Blue Shield	All services except SNFs and ICFs.
California	Medi-Cal Intermediary Operations (MIO):	
	Blue Cross North ***	All institutional claims for Northern California except for 3 counties.
	Blue Cross South ***	All institutional claims for Southern California.
	Blue Shield ***	All non-institutional claims except dental.
	Redwood Health Foundation **	All services except dental for the 3 northern counties of Lake, Sonoma and Mendocino.
	California Dental Service Association **	Dental.
Colorado	Computer Science Corporation	(All services to be phased in).
	Colorado Medical Service, Incorporated (Blue Cross/Blue Shield)	All services except drugs.
Connecticut	Pilgrim Health Applications, Inc.	Pharmaceutical.
Delaware	The Computer Company	All services.
District of Columbia	No Fiscal Agent	
Florida	Systems Development Corporation Integrated Services, Incorporated	All services including payment of Parts A and B deductible and coinsurance.
Georgia	No Fiscal Agent	
Guam	No Fiscal Agent	
Hawaii	Hawaii Medical Services Association (Blue Cross/Blue Shield)	All services.
Idaho	Electronic Data Systems Federal Corporation	All services.
Illinois	Blue Cross/Blue Shield	Crossover claims for Medicare Part A (Inpatient hospital services only).
Indiana	Blue Cross/Blue Shield of Indiana	All services.
Iowa	Blue Cross/Blue Shield of Iowa	All services except ICFs.
Kansas	Electronic Data Systems Federal Corporation	All services except ICFs and SNFs; also handles Medicare SNF crossover claims.
Kentucky	No Fiscal Agent	
Louisiana	Electronic Data Systems Federal Corporation	All services.
Maine	Health Systems Institute	Drugs.
Maryland	No Fiscal Agent	
Massachusetts	Blue Cross/Blue Shield of Massachusetts	Crossover claims for Medicare Part A (Inpatient hospital services only).
	Pilgrim Health Applications, Incorporated	Medicaid claims.
Michigan	No Fiscal Agent	
Minnesota	No Fiscal Agent	
Mississippi	Blue Cross/Blue Shield of Mississippi, Incorporated	All services.
Missouri	No Fiscal Agent	
Montana	Dikewood Corporation	All services.
Nebraska	No Fiscal Agent	
Nevada	Nevada Blue Shield	All services.
New Hampshire	No Fiscal Agent	
New Jersey	Hospital Service Plan of New Jersey	

TABLE 71.—FISCAL AGENTS AND HEALTH INSURING AGENCIES IN THE MEDICAID PROGRAM, JANUARY 1979—Continued

State	Name of Fiscal Agent(s) or Health Insuring Agency	Types of Claims Handled
	(New Jersey Blue Cross)	Inpatient and outpatient hospital,** and drugs.
	Prudential Insurance Company of America	All services, including some hospital,** except drugs, SNFs, ICFs, and institutions for tuberculosis and mental disease.
New Mexico	Electronic Data Systems Federal Corporation	All services.
New York	The Bradford National Corporation (New York City only)	All services.
North Carolina	Electronic Data Systems Federal Corporation	All services.
	The Computer Company (T.C.C.)	Drugs.
North Dakota	Blue Cross/Blue Shield of North Dakota *	Crossover claims for Medicare Parts A and B services for recipients 65 and over.
Ohio	No Fiscal Agent	
Oklahoma	No Fiscal Agent	
Oregon	No Fiscal Agent	
Pennsylvania	Capital Blue Cross	All pharmaceutical, medical supplies, equipment, and prosthetic devices.
	Inter-County Hospitalization Plan, Inc.	Inpatient hospital claims for Philadelphia area (Blair, Chester, and Montgomery Counties, etc.).
	Pennsylvania Blue Cross	Other inpatient hospital claims.
	Blue Shield	Physicians' inpatient care (medical and surgical) and emergency room services.
Puerto Rico	No Fiscal Agent	
Rhode Island	No Fiscal Agent	
South Carolina	Blue Cross/Blue Shield of South Carolina	All services except inpatient and outpatient hospital, drugs, SNFs and ICFs.
South Dakota	Associate Hospital Services (Blue Cross)	Inpatient hospital and home health.
Tennessee	Electronic Data Systems Federal Corporation	All services including payment of Parts A and B co-insurance and deductible.
Texas	National Heritage Insurance Company *	All services except drugs, dental, hearing aids, and SNFs.
Utah	Delta Dental Corporation	Dental.
Vermont	New Hampshire/Vermont Hospitalization Service (Blue Cross/Blue Shield)	All services except SNFs and ICFs.
Virgin Islands	No Fiscal Agent	
Virginia	The Computer Company (T.C.C.)	All services.
Washington	Electronic Data Systems Federal Corporation	All services except service in State mental institution.
West Virginia	No Fiscal Agent	
Wisconsin	Electronic Data Systems Federal Corporation	All services.
Wyoming	Wyoming Dental Services Incorporated *	Dental (EPSDT only).

* Health Insuring Agency.

** Hospitals may contract to send their claims to either fiscal agent.

*** All functions to be phased out and implemented by CSC (Computer Science Corporation).

E. MEDICAID MANAGEMENT INFORMATION SYSTEM (MMIS)

Development of adequate claims processing and data systems is necessary for efficient and effective management of the Medicaid program. The Social Security Amendments of 1972 authorized 90 percent Federal matching to States for the costs of design, development, and installation of mechanized claims processing and information retrieval systems, and 75 percent for the costs of operating such systems.

The Medicaid Management Information System (MMIS) is a mechanized claims processing and information retrieval system developed by HEW for use by the States as a model in developing their own systems.

Table 72 summarizes current State progress in developing and implementing adequate claims processing and management information systems.

TABLE 72.—STATUS OF STATE MEDICAID MANAGEMENT INFORMATION SYSTEM EFFORTS, APRIL 1979

State	MMIS certified	Actively planning or implementing MMIS [2]	No MMIS development
Total	25	21	8
Alabama	X		
Alaska			X
Arizona [3]			
Arkansas	X		
California	X		
Colorado		X	
Connecticut		X	
Delaware			X
District of Columbia		X	
Florida		X	
Georgia	X		
Guam			X
Hawaii	X		
Idaho	X		
Illinois		X	
Indiana	X		
Iowa		X	
Kansas	X		
Kentucky		X	
Louisiana	X		
Maine		X	
Maryland		X	
Massachusetts		X	
Michigan	X		
Minnesota	X		
Mississippi		X	
Missouri		X	
Montana	X		
Nebraska	X		
Nevada		X	

TABLE 72.—STATUS OF STATE MEDICAID MANAGEMENT INFORMATION SYSTEM EFFORTS, APRIL, 1979—Continued

New Hampshire	X		
New Jersey		X	
New Mexico	X		
New York	X [4]	X [5]	
North Carolina	X		
North Dakota		X	
Ohio	X		
Oklahoma	X		
Oregon			X
Pennsylvania		X	
Puerto Rico			X
Rhode Island			X
South Carolina		X	
South Dakota		X	
Tennessee		X	
Texas	X		
Utah	X		
Vermont	X		
Virgin Islands			X
Virginia	X		
Washington	X		
West Virginia		X	
Wisconsin	X		
Wyoming			X

[1] "Certified" means the system has been approved by HEW to receive higher matching rate of 75 percent allowed by law.

[2] "Actively planning or implementing" is a category that covers States in a wide range of stages in the MMIS implementation process, from the stage of submitting an initial Advanced Planning Document up to the point where a State is ready to be certified as having a fully operational system.

[3] No Medicaid program.

[4] Provider group A (physicians and clinics) in New York City only is certified.

[5] Balance of New York City and State.

Source: HEW/HCFA.

F. EFFORTS TO COMBAT FRAUD AND ABUSE

The Office of Program Integrity was created in March 1977, as a component of the Health Care Financing Administration, by merging the Office of Program Review in the old Bureau of Health Insurance (Medicare) and the Division of Fraud and Abuse Control in the old Medical Services Administration (Medicaid). For years the Congress and the Administration had sought to assure coordination and exchange of information between Medicare and Medicaid on suspect individual health providers and techniques for fraud and abuse control. Now that a single staff is addressing problems of fraud and abuse control in both Medicare and Medicaid, there is a greater opportunity than ever before to foster uniform approaches and assume coordination between the two programs.

The Medicaid related activities aimed at these goals include the assessment of State Medicaid agencies' efforts to deter, detect, investi-

gate, and prosecute Medicaid fraud cases, assistance in investigation and prosecution, the design of detection systems, and the development of overall management systems to prevent fraud. The States' capabilities to prevent and detect fraud and abuse will now be substantially increased as a result of Public Law 95-142 which was enacted in October 1977. This legislation authorizes Federal funding to enable the States to create State Medicaid Fraud Control Units to support the investigation and prosecution of fraud in State Medicaid programs.

Tables 73 and 74 summarize information reported by States on their anti-fraud and abuse efforts.

TABLE 73.—FIVE QUARTER SUMMARY OF REPORTED FRAUD AND ABUSE ACTIVITY [1]

	Quarter Ending				
	December 1976	March 1977	June 1977	September 1977	December 1977
Cases Pending at Start of Quarter [2]	2,205	10,820	9,968	9,887	10,528
Cases Added During Period	9,297 [3]	910	1,130	1,146	1,062
Cases Disposed of	908	1,840	1,119	700	658
Referred to Law Enforcement Officials	68	121	113	89	57
Closed by State Agency	840	1,719	1,006	611	601
Cases Pending End of Quarter [2]	10,594	9,890	9,979	10,333	10,932

[1] Source: HCFA, "Medicaid Fraud/Abuse Workload Report—Calendar Year 1977," May 22, 1978. Note: The source contains data for the December 1976 quarter in addition to Calendar Year 1977 data.

[2] Pending totals at beginning of quarter may not equal pending totals at close of prior quarter due to the fact that some States either did not submit information in all quarters or data reported by States varied from quarter to quarter.

[3] The State Medicaid Agency in New York was able to identify approximately 8,000 cases of potential fraud by searching New York City's computerized payment tapes for duplicate bills and situations in which an individual making several visits to the same provider was billed as if each visit was a first visit.

TABLE 74.—SUMMARY OF FRAUD DETECTION AND PROSECUTION, FY 1977 [1]
(In thousands of dollars)

	Total for Fiscal Year 1977
Number of Cases Added During Period	4,483
Number of Cases Disposed of	4,567
Referred to Law Enforcement Officials	391
Closed by State Agency	4,176
Law Enforcement Actions Completed	144
Number of Convictions	91
Number of Providers Terminated or Suspended by Administrative Sanction	149
Total Dollars Identified for Recovery by Law Enforcement Officials	$1,326,000

[1] Source: HCFA, "Medicaid Fraud/Abuse Workload Report—Calendar Year 1977," May 22, 1978. Note: The source contains data for the December 31, 1976, quarter which allowed for the table to be completed for Fiscal Year 1977.

APPENDIX

Technical Notes

1. Actual Medicaid expenditure data have been reported by the States on quarterly report form OA-41, Statement of Expenditures. The data on the OA-41 represent actual Federal, State, and local expenditures for each State. The data are compiled annually in the report "State Expenditures for the Medical Assistance Program" by the HCFA Office of Financial Management. The individual OA-41 reports are generally available 6 months following the close of the fiscal year, and the data are the basis for the figures on actual expenditures that appear in the Budget of the U.S. Government. Note, effective with the second quarter, Fiscal Year 1979, the OA-41 report form was replaced by the HCFA-64 report form, which includes requirements for additional information on Medicaid expenditures from the States. (See Technical Note 5.)

2. Monthly statistics on recipients and Medicaid expenditures are received on the HCFA-120 report form, formerly the NCSS-120. Data on recipients and expenditures are accumulated from records of claims paid by the States and are reported by money-payment status and basis of eligibility. In addition, the expenditure data are reported by type of service. The monthly data are compiled by the HCFA Office of Research, Demonstrations, and Statistics and are published each month by ORDS in individual reports, "Medicaid Statistics." Selected data from the monthly reports are accumulated and published as "Medicaid Statistics" for each fiscal year. (See Technical Note 5.)

3. In addition to monthly statistical reports (the HCFA-120), States also submit annual statistics on the HCFA-2082 report form, formerly the NCSS-2082. The annual HCFA-2082 contains more data than the monthly statistical reports; data are provided on recipients and expenditures by money-payment status, basis of eligibility, type of service, and age and sex of recipient. Also, the annual data relate expenditures by type of service to recipient characteristics, which is not possible with the monthly statistical data. The annual statistical reports are compiled and published by the HCFA Office of Research, Demonstrations, and Statistics as "Medicaid State Tables" for each fiscal year. (See Technical Notes 5 and 6.)

4. Estimated budget expenditures are developed each fiscal year for inclusion in the Budget of the U.S. Government. The Budget estimates are projected figures based primarily on quarterly estimates provided by the States and adjusted by HCFA. Estimated budget expenditures have been used in a few instances in this publication where reported data have not been available, for example, in Table 9, for Fiscal Years 1978, 1979, and 1980. (See Technical Note 5.)

5. In the 1979 edition of "Data on the Medicaid Program", actual expenditures data from "State Expenditures for the Medical Assistance Program" (see Note 1) have been used wherever possible since the data are the official Medicaid expenditures figures for the Agency. In instances when the official expenditures data have not been available, Budget estimates have been used (see Note 4). In situations where details not available from the official expenditures data are required, statistics from the annual "Medicaid State Tables" (see Note 3) or the annual compilation, "Medicaid Statistics" (see Note 2) have been used.

   Consider that a breakdown of expenditures by type of service is not now available for the official expenditures figures. Consequently, a breakdown by type of service from the "Medicaid State Tables" has been used, for example, as in Table 15. The "Medicaid State Tables" are always used preferentially over the annual compilation, "Medicaid Statistics", as a source document. However, the "Medicaid Statistics", which are preliminary statistical data for a given year, are normally compiled several months prior to publication of the "Medicaid State Tables", which are the final statistical data for a given year. Thus, "Medicaid Statistics" is sometimes used as a source.

   Again using Table 15 as an example, it can be seen that "Medicaid Statistics" has been used for Fiscal Years 1977 and 1978, because the "Medicaid State Tables" have not been published at the time of preparing the present book. Also, "Medicaid State Tables" for Fiscal Year 1971 has never been published, and the "Medicaid Statistics" has therefore been used for 1971 in Table 15.

   As in the case of expenditures by type of service, amounts of expenditures for different groups of eligibles are not available from the official "State Expenditures for the Medical Assistance Program." Therefore, when such data is produced in the present publication, "Medicaid State Tables" have been used as source documents, when available, or the annual compilations, "Medicaid Statistics", have been used. Counts of Medicaid recipients are from "Medicaid State Tables", as a primary source, or from "Medicaid Statistics."

   Expenditure amounts and recipient counts will vary from one source to another for a given year. Figures from the annual com-

pilation "Medicaid Statistics" of monthly statistical reports are preliminary values and differ slightly from the values reported in the annual "Medicaid State Tables." Total expenditure amounts from the official "State Expenditures for the Medical Assistance Program" reflect deferrals, disallowances, recoupments and other adjustments while expenditure amounts in the "Medicaid Statistics" and "Medicaid State Tables" are based only on tallies of paid claims. Generally, recipient counts and expenditure amounts differ from one source to another by 5 percent or less.

The 1979 edition of "Data on the Medicaid Program" uses the latest available editions of the above source documents, which are:

a. "State Expenditures for the Medical Assistance Program", Fiscal Year 1977.
b. "Medicaid Statistics", Fiscal Year 1977, although some portions of the 1978 edition have also been available.
c. "Medicaid State Tables", Fiscal Year 1976.
d. "Budget of the U.S. Government", Fiscal Year 1980.

6. The "Medicaid State Tables", Fiscal Year 1976, which is used as a source for several tables in the present document, contains some estimates rather than values reported by States on the annual report, HCFA-120.

   Colorado, Connecticut, Guam, New York, Rhode Island, Washington, and *Wyoming* did not submit reports for fiscal year 1976. For all missing States except *Guam,* total recipient estimates are included in the tabulations and payment data by basis of eligibility of recipient and type of service were derived from monthly data collected on report Form HCFA-120. Payment data collected on the monthly reports are additive over the twelve month period. In contrast, recipient counts are not cumulative because the annual report provides for an unduplicated count and recipients can be counted several times during the year on a monthly basis. Hence, recipient estimates were developed by 'aging' data contained in previously submitted annual reports based on changes in the average monthly numbers of recipients between the two annual time periods.

   Pennsylvania's recipient counts cannot be validated. The State samples at a theoretical five percent rate but the actual weight applied to the sample data reflects a much lower rate which is based on claims. The adjusted inflation factor results in accurate money amounts, but not necessarily accurate recipient counts.

7. Recent improvements to the reporting systems in *New York* now indicate that recipient counts in New York have probably been substantially overstated in prior years. Therefore, what may appear to be a downward movement in the total national Medicaid re-

cipient count, as in Tables 12 and 13, in 1978 may be due more to improved reporting by New York, the second largest State program in terms of recipient count, rather than to an actual decrease in the population of Medicaid recipients.

8. Expenditure amounts and recipient counts reported in "Medicaid Statistics" and "Medicaid State Tables" (see Notes 2 and 3) include payments and recipient counts for adult recipients, aged 21-64, who are covered by a State assistance program other than Title XIX; wherever possible payments and counts for these recipients have been subtracted out of values reported in this publication. Exceptions are tables which have the "Medicaid Statistics" as a sole source, such as Tables 23, 24, and 25, or as one of a set of sources for a time trend, such as Table 15. In the case of "Medicaid Statistics", the information necessary to delete payments and recipient counts for the other adults is not available. In other cases, the payments and recipients for the other adults, aged 21-64, have been removed from the figures in this publication. For example, Tables 53-59 all have "Medicaid State Tables", Fiscal Year 1976, as a source. The source document contains data for the other adults category thereby enabling deletion of the appropriate payments and recipient counts.

9. The computed values of Table 55, Average Medicaid Payment per Recipient by Basis of Eligibility, were calculated as follows. Payment amounts from Table 3 of "Medicaid State Tables" for Fiscal Year 1976 were rounded to the nearest thousand and divided by whole recipient counts from Table 2 of the "Medicaid State Tables" for Fiscal Year 1976, with the exception of the computed average payment for Blind recipients in the Virgin Islands which was calculated using an unrounded payment amount.

10. The Total Recipients columns in Tables 56 and 58 include estimated amounts for Colorado, Connecticut, New York, Rhode Island, Washington, and Wyoming (see Technical Note 6). Amounts were not estimated, however, for the six States for the individual age and sex break-out columns. Therefore, the total amounts for the individual columns do not sum to the amount, 23,462,000 in the Total Recipients column. A total recipient count was not estimated for Guam.

11. Recipient counts were taken from Table 6 of the "Medicaid State Tables," Fiscal Year 1976, for all States except California and Kansas. For the latter two States, the total recipient counts were taken from Table 2 of the "Medicaid State Tables" and the counts were apportioned according to the age and sex break-downs given in Table 6 for the two States. The procedure was followed because California included an HMO recipient count of 299,129 in Table 2 but not in Table 6. Kansas reported two different figures, 179,468

in Table 2 and 180,371 in Table 6, for total recipient count. The Table 2 value was used so the total recipient count for the nation for Fiscal Year 1976 would consistently be shown in this publication as 23,462,000. The reason for different reported values for Kansas is not known.

12. The computed values of Tables 57 and 59, Average Medicaid Payment per Recipient by Age and Sex, were computed as follows, except for California and Kansas. Payment amounts from Table 7 of "Medicaid State Tables," Fiscal Year 1976, were rounded to the nearest thousand and divided by whole recipient counts from Table 6 of "Medicaid State Tables," Fiscal Year 1976. The computed values for California and Kansas are based on payment and recipient data in Tables 2 and 3 of the 1976 "Medicaid State Tables" apportioned as explained in Technical Note 11.

13. "Public Assistance Statistics" are published each month by the Office of Research and Statistics, Social Security Administration.

14. Values of annual Medicaid expenditures for AFDC cash assistance recipients were computed from the monthly reports, "Medicaid Statistics", published by the Office of Research, Demonstrations, and Statistics, HCFA, rather than from the annual compilation of the same name published by the same office.

15. "Supplemental Security Income for the Aged, Blind, and Disabled, Monthly Statistics" are published each month by the Office of Research and Statistics of the Social Security Administration.

16. With reference to Table 63, summer figures for Need, Payment, and Highest Amount Paid in Colorado are:

    2 Person Family — $201 (for all 3 values — need, payment, and highest amount paid)
    4 Person Family — $307 (for all 3 values — need, payment, and highest amount paid)

    Summer figures for Rhode Island are:

    2 Person Family — $255 (for all 3 values — need, payment, and highest amount paid)
    4 Person Family — $359 (for all 3 values — need, payment, and highest amount paid)

17. Florida, New Hampshire, Pennsylvania, and South Dakota have formulas for local funding listed in Table 22 but do not have local shares listed in Table 21 because these States did not report the amount of their local funding for FY 1977.

    The District of Columbia, Oregon, and Utah do not have formulas

for local funding listed in Table 22 but have local shares listed in Table 21 because these States reported a portion of their non-Federally matchable medical assisance expenditures as local funds. Maryland does not have a formula for local funding listed in Table 22 but has a local share listed in Table 21 because Maryland funded a portion of their Federally matchable medical assistance expenditures from local funds in FY 1977 but no longer does so.

It should be noted that the amount of expenditures reported as local shares has no bearing upon the computation of the Federal share of Title XIX expenditures. As a consequence, no follow-up is routinely made to resolve the types of reporting discrepancies pertaining to local funding discussed in this note.

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